Change in Company's premium or rate level produced by rate revision effective		March 1, 2006	
	(1)	(2)	(3)
	` '	Annual Premium	Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
4	Automobile Liebiliko		
١.	Automobile Liability		
	Private Passenger		
^	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	***************************************	
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		· · · · · · · · · · · · · · · · · · ·
	Fire		
	Extended Coverage		
	_		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other Workers' Compensation	\$29,339	6.59
	Line of Insurance		
Dο	es filing only apply to certain territ	ory (territories) or certain classes? If so	specify:
No			,
			-
		lows rates of an advisory organization, s	specify organization):
Ra	te filing based on NCCI's appro	ved advisory loss costs.	
			· · · ·
*	Adjusted to reflect all prior rate of	hanges.	
**	Change in Company's premium		
	result from application of new rat		
	Todak nem appheation of new rat		
			AIU Insurance Company
			Name of Company
		 -	Joseph Russo – Filings Analyst Official - Title
H29	9219D		Oniciai - Tille
	-		
	D. J. S. OF INS	N. C.	
	STATE OF IT AND	LHANCE I	

MAR 0 1 2006

SPRINGFIELD, ILLINOIS

FORM RF-3

Char	nge in Company's premium or rate level produced by rate revis	sion effective 2/1/06	
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1	Automobile Liability		
	Private Passenger		
	Commercial		
2	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3	Liability Other than Auto		
4	Burglary and Theft		
5	Glass		
6	Fidelity		
7	Surety		
8	Boiler and Machinery		
9	Fire		
10	Extended Coverage		
11	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
14	Crop Hail Workers Compensation	\$7,791	6.5%
	Other	\$7,791	0.376
10	Line of Insurance	·	
	Filing only apply to certain territory (territories) or certain clas description of filing (if filing follows rates of an advisory organi Filing to adopt NCCI's approved loss cost change, circular IL	zation, specify organization)	
	Adjusted to reflect all prior rate changes Change in Company's premium level will result from appl	ication of new rates.	
	•		
			The American
			Name of company
			Official - Title
			F 10 mm 17 F 2 5 F 1 5 2 1
			อเมาะอาสันท์ การการคล
			,
			0000
			763 0 1 2006
			•

FORM RF-3

Change in Company's premium or rate level produced by rate rev	vision effective Janua	ary 1, 2006
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability	. ,	
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		<u>. </u>
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$45,396	+6.3%
16. Other	-	
Line of Insurance Does filing only apply to certain territory (territories) or certain cl	asses? If so, specify <u>N</u>	lo
Brief description of filing (if filing follows rates of an advisory org the current approved loss cost multiplier of 1.830 (1.916 for F-cl		
Compensation Insurance effective January 1, 2006.		
		·

- -- . _-

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

American Alternative Insurance Corporation Name of Company

Kathryn D. Sine, Senior State Filing Analyst Official — Title

JAN 0 1 2006

SPRINGFIELD, ILLINOIS

FORM RF-3

Char	nge in Company's premium or rate level produced by rate revision e	ffective <u>2/1/06</u>	
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1	Automobile Liability		
	Private Passenger		
	Commercial		
2	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3	Liability Other than Auto		
4	Burglary and Theft		
5	Glass		
6	Fidelity		
7	Surety		
8 9	Boiler and Machinery Fire		
10	Extended Coverage		
11	Inland Marine		
	Homeowners		
13	_		
14			
15		\$114	6.5%
16	Other		
	Line of Insurance		
_			
Does	s Filing only apply to certain territory (territories) or certain classes?	if so, specify	
_	· 	T. D. J.	
Brief	description of filing (if filing follows rates of an advisory organization		
	Filing to adopt NCCI's approved loss cost change, circular IL-2005	5-11 ,	
			·
	Adjusted to reflect all prior rate changes		
	** Change in Company's premium level will result from applicatio	n of new rates.	
			American Automobile
			Name of company
			Official - Title

FEB 0 1 2006

SPRINGFIELD, ILLINOIS

hange	in Company's premium or rate level	produced by rate revision effective	1/1/2006
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	_	volume (minois)	Change (* Cr.)
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		W
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13. 14.	Commercial Multi-Peril Crop Hail		
15.	Other Workers Compensation Line of Insurance	\$86,838	+6.3%
Does f		territories) or certain classes? If so, speci	fy:

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Filing ID: AF-WC-IL-5-2308-LC

H29219D

DIVISION C
STATE OF ILLINGIS American Fuji Fire & Marine Ins. Co.
Name of Company

JAN 01 2006

Joel Walcott - Vice President
Official - Title

hange in Company's premium or rate leve	el produced by rate revision effective	March 1, 2006
(1)	(2)	(3)
()	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
		
Automobile Liability		
Private Passenger	<u></u>	
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial 3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety	··-	
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u> Line of Insurance	\$59 <u>,346,762</u>	6.5%
No.		
Brief description of filing. (If filing follows	rates of an advisory organization, speci-	fy organization):
Rate filing based on NCCI's approved	advisory loss costs.	
* * * * * * * * * * * * * * * * * * *		
 * Adjusted to reflect all prior rate change ** Change in Company's premium level result from application of new rates 	DIVISION OF INSURANCE	
result from application of new rates.	F-0 C-1	
result from application of new rates.		
	559-04-2006 Americ	n Home Assurance Company
		Name of Company
	SPRINGFIELD, ILLINOIS	1
	SPRING FIELD, ILLINOIS	3
	J	oseph Russo – Filings Analyst
		Official - Title
H29219D		
	DIVISION O	OF NOUBANCE
	SIALEOF	F NUURANCE ILL: C:3/IDFPR
		الله المادية
	N'40	0 1 2006
		- 1 2000
	SPDW-S	
	Spainingfie	ELD, ILLINOIS

ange in Company's premium or rate lev	el produced by rate revision effectiv	re <u>March 1, 2006</u>
(1)	(2)	(3)
(1)	Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
. Automobile Liability		
Private Passenger		
Commercial		
. Automobile Physical Damage Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
. Glass		
. Fidelity	· · · · · · · · · · · · · · · · · · ·	
Surety		
. Boiler and Machinery		
. Fire		
Extended Coverage		
1. Inland Marine		
2. Homeowners		
3. Commercial Multi-Peril		
4. Crop Hail	40,000,005	0.50
5. Other Workers' Compensation Line of Insurance	\$2,269,285	6.5%
Does filing only apply to certain territory No. Brief description of filing. (If filing follow Rate filing based on NCCI's approved	s rates of an advisory organization,	
Adjusted to reflect all prior rate char * Change in Company's premium lever result from application of new rates.	el which will	American International South Insurance Company Name of Company
		Joseph Russo – Filings Analyst Official - Title
129219D		-
D.VIS.ON OF I	19	

CPRINCFIELD, ILLINOIS

FORM RF-3

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability	()	,
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity	-,	
7. Surety 8. Boiler and Machinery Sure Sure		
8. Boiler and Machinery 51111		
9. FIIC II		
0. Extended Coverage FE3 0 1 2006		
1. Inland Marine		
2. Homeowners Carried ELD, ILLINOIS		
3. Commercial Multi-Peril		
4. Crop Hail		
5. Workers Compensation	3,112,698	+5.3548%
6. Other		
Line of Insurance		-
oes filing only apply to certain territory (territori	ies) or certain classes? If	so, specify
	,	
No		
rief description of filing (if filing follows rates o	f an advisory organizatio	n, specify organization)_
ational Council on Compensation Insurance		
		
 * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from 	n application of new rates.	
Days On.	• •	
	,	
Theleof a / hiseas ?	0 K	Assurance Corporation

Vice Pres Regulatory Reptg & Compliance
Title

Melody A. Misiaszek Official

Sharon Derhammer, Senior State Filings Rep Official — Title

ILLINOIS SUMMARY SHEET

FORM RF-3

(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability		t Gramo (minoro)	, , ,
Private Passenger			
Commercial	-		· · · · · · · · · · · · · · · · · · ·
2. Automobile Physical Dama	ige		
Private Passenger	•		
Commercial	_		
3. Liability Other than Auto	-		
4. Burglary and Theft			
5. Glass	-	· · · · · · · · · · · · · · · · · · ·	
6. Fidelity	DI'/		
7. Surety	Su Suisipa		
8. Boiler and Machinery	, , , , , , , , , , , , , , , , , , ,		
9. Fire			
10. Extended Coverage	೯_კ O 1 2006		
1. Inland Marine	_		
2. Homeowners			
 Commercial Multi-Peril 	SPRINGFIELD, ILLINOIS		
14. Crop Hail			
15. Workers Compensation	_	\$570,034	6.3%
l6. Other	<u> </u>		
Line of Insurance			
pes filing only apply to certain	territory (territories) or certain class	ses? If so, specify	N/A
ief description of filing (if filing	follows rates of an advisory organi	zation, specify organiz	ation) AmGUARD adopts the Advi
ites as released by the National C	Council on Compensation Insurance, Inc	c., Effective January 1, 20	06 per IL-2005-11 without deviation fo
licies effective on and after Febru	uary 1, 2006		
* Adjusted to reflect all pric ** Change in Company's pr	or rate changes. emium level which will result from applic	cation of new rates.	
			AmGUARD Insurance Company
			Name of Company

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate leve	el produced by rate revision effective	01/01/06
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**
Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Liability Other Than Auto Liability Other Than Auto Surglary and Theft Liability Other Than Auto Liability Other Than Auto Liability Other Than Auto Surglary and Theft Surglary and Theft Liability Other Than Auto Surglary and Theft Surglary and Theft		
12. Homeowners 13. Commercial Multi-Peril		
14. Crop Hail 15. Other Workers' Compensation Line of Insurance	5,173,877	+6.5%
Does filing only apply to certain territory (ter Brief description of filing. (If filing follows rate 2006 National Council on Compensation Ins voluntary experience rating plan values	es of an advisory organization, specify o surance advisory voluntary rates. We are	rganization): Adopting January 1, e also adopting 01/01/06 NCCI
continues.		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whic	th will result from application of new rates	5.
	Argona	ut Insurance Company
		Name of Company
	Allison Angsta	adt - State Filings Coordinator Official - Title
DIVISION OF L	DIVISION OF II STATE OF ILLINGISION OF ILL	2006

... ('← Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	evel produced by rate revision effective	01/01/06
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
B. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	3,997,434	+6.5%
Line of Insurance		
Does filing only apply to certain territory ((territories) or certain classes? If so, specify:	No
Brief description of filing. (If filing follows	rates of an advisory organization, specify organization. We are	ganization): Adopting January 1,
	and voluntary retrospective rating plan values	
	me results for a separation failing plant value.	· · · · · · · · · · · · · · · · · · ·
Adjusted to reflect all prior rate changes		
	hich will result from application of new rates	
	Argonout Mic	dweet Incurance Company
		dwest Insurance Company Name of Company
	ľ	tanto or company
	Allison Angsta	dt - State Filings Coordinator
		Official – Title



ILLINOIS SUMMARY SHEET FORM RF-3

	(1)	(2)	(3)
	• •	Annual Premium	Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1 Au	tomobile Liability		
	Private Passenger		
	Commercial		
2 Au	tomobile Physical Damage		
	Private Passenger		
	Commercial		
3 Lia	bility Other than Auto		
4 Bu	rglary and Theft		
	BSS		
6 Fig	delity		
	rety		
	iler and Machinery		
9 Fir			
	tended Coverage		
11 Ini	and Marine		
-	meowners		
	mmercial Multi-Peril		
	op Hail		
	orkers Compensation	-\$155	6.5%
16 Ot			
	Line of Insurance		
المحمد الثان			
OES FIII	ng only apply to certain territory (territories) or certain cla		
Briaf das	cription of filing (if filing follows rates of an advisory orga	nization, specify organization)	
	ing to adopt NCCI's approved loss cost change, circular l		
' ''			
	· · · · · · · · · · · · · · · · · · ·		
**	Adjusted to reflect all prior rate changes Change in Company's premium level will result from app	plication of new rates.	
			Associated Indemnity
			Name of company
			Official - Title

EB 0 1 2006

פוכאו עוד ולבולם ומתקס

FORM RF-3

Chan	ge in Company's premium or rate level produced by rate revisi	ion effective	March 1, 200)6
	(1) Coverage	(2) Annual Premium Volume (Illinois)*		(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		_	
2.	Automobile Physical Damage Private Passenger Commercial			
3.	Liability Other Than Auto .			
4.	Burglary and Theft			
5.	Glass		<u> </u>	
6.	Fidelity RICION OF INSURANCE			
7.	Surety DIVISION ILLINOIS/ID			
8.	Fidelity Surety DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR Boiler and Machinery			
9.	Fire			·····
10.				
11.	Inland Marine		 .	
12.	Homeowners Commercial Multi-Peril SPRINGFIELD, ILLINOIS	-d	_ <u></u>	
13.	Commercial Multi-Peril ST			
14.	Ciop naii	621,718		0.90%
15.	Workers Compensation	021,710		U.30 /8
16.	Other Line of Insurance			
	tine of insurance			
Does	filing only apply to certain territory (territories) or certain classe	es? If so, specify	No.	
Worl	description of filing (if filing follows rates of an advisory organiz kers Compensation loss costs and rating values pe iplier from 1.694 to 1.600.			NCCI approved loss cost
				··· · · · · · · · · · · · · · · · · ·
*	Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from	application of new rates.		
		Athona Agairage Co	maany	
		Athena Assurance Co	mpany nme of Company	
		INE	ine or company	
		Buigh	H	2nd Vice President
		- · · · · · · · · · · · · · · · · · · ·	Official - Title	-

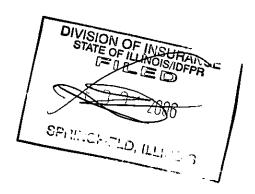
change in Company's premium or rate	level produced by rate revision effective	March 1, 2006
		(0)
(1)	(2)	(3)
	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$24,640	6.5%
Line of Insurance		
- • • • • •	ory (territories) or certain classes? It so, spe	city;
No		
Line of Insurance Does filing only apply to certain territ No.	ory (territories) or certain classes? If so, spe	cify:

- Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Birmingham Fire Insurance Company
of Pennsylvania

Name of Company

H29219D



Joseph Russo -- Filings Analyst
Official -- Title

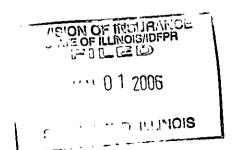


FORM RF-3

Change in Company's premium or rate level produced by rate revision effective <u>January 1, 2006</u>.

(1)	(2)	(3)
Coverage	Annual Premium	Percent
4. A. A	Volume (Illinois)*	Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		****
2. Automobile Physical Damage		
Private Passenger		<u></u>
Commercial		
3. Liability Other than Auto		
Burglary and Theft Glass	•	
	<u></u>	
6. Fidelity		
7. Surety		
8. Boiler and Machinery 9. Fire		
	-	
10. Extended Coverage 11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail 15. Workers Compensation	1,627,167	+5.2%
	1,027,107	
16. Other		
Line of insurance		
Does filing only apply to certain territory (territories)	or certain classes? If so, specify	
		· -
Brief description of filing (if filing follows rates of an a	ndvisory organization, specify organiza	ition)
Adoption of current NCCI loss cost effective January 1, 20	06	

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.



Brotherhood Mutual Insurance Company Name of Company

Don Glick - AVP Research & Development Official - Title

(Change in Com	pany's premium or r	rate level produced by rate revision effective	01-01-06
	(1)	(2) Annual Premium	(3) Percent
	Cov	erage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile I	Liability		
	Private Pass	senger		
	Commercial	l		<u> </u>
2.		Physical Damage		
	Private Pass	_		
	Commercial		- 	
3.		er Than Auto		
4.	Burglary and	Theft		
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and M	achinery		
9.	Fire			
10.	Extended Co	-		
11.	Inland Marin			
12.	Homeowners			
13.	Commercial	Multi-Peril		
14.	Crop Hail			
15.		Vorkers	4,777,286	+ 6.3
		ompensatin		
	Lir	ne of Insurance		
Dans 6	والسم وبالم مسااة	. to contain tomitom.	(tamitarias) ar agresia alaggas? If as specific	
4.1	CNICCLI	01 2006 1	(territories) or certain classes? If so, specify untary market rate filing	
Adop	tion of NCC1 3	anuay 01, 2000 van	untary market rate ming	DIVIDIO
D 1-6-	1	1: (TE E!!: E. 11		STATE OF INSURANCE
Brief	iescription of it.	iing. (11 filmig folio	ws rates of an advisory organization, specify	DISGRITZATION TO THE DESTRUCTION OF THE DESTRUCTION
			,	IAN O 1 arm
		t all prior rate chang		JAN 0 1 2006
		ny's premium level		
res	sult from applic	ation of new rates.		SPRINGFIELD, ILLINOIS
			Capit	tol Indemnity Corporation
				Name of Company
			Lois	Beld Senior Product Analyst
				Official - Title

FORM RF-3

Chang	ge in Company's premium or rate level produced by rate revisi	on effective	March 1, 2006	3
	(1) Coverage	(2) Annual Premium Volume (Illinois)*		(3) Percent Change (+ or -)**
 2. 	Automobile Liability Private Passenger Commercial Automobile Physical Damage		:	
3. 4. 5.	Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass			
6. 7. 8. 9.	Fidelity Surety Boiler and Machinery STATE OF ILLINOIS/IDFPR Fire Extended Coverage 0.1.2006		·	
10. 11. 12. 13.	Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail MAR 0 1 2006 SPRINGFIELD, ILLINOIS		<u> </u>	
14. 15. 16.	Crop Hail SPRINGFILLD, Workers Compensation Other Line of Insurance	1,977,397		5.40%
Does	filing only apply to certain territory (territories) or certain classe	es? If so, specify	No.	
Worl	description of filing (if filing follows rates of an advisory organizers Compensation loss costs and rating values per policy from 1.769 to 1.760.	zation, specify organization) er NCCI Circular IL-2005	Adoption of N -11. Reducethe lo	
* **	Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from	application of new rates.		
		Charter Oak Fire Insur	ance Company ame of Company	
		Buinde	Official - Title	2nd Vice President

WC-IL-7

Printing 08/95

FORM RF-3

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or 1)*
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other than Auto		
4.	Burglary and Theft		· · · · · · · · · · · · · · · · · · ·
5.	Giass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
13.	Commercial Multi Peril		<u> </u>
14.	Crop Hail		
15.	Workers Compensation	\$3,531,591.00	-0.44%
6.	Other		

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Church Mutual Insurance Company
Name of Company

Director--Casualty Lines
Official - Title

DIVISION OF INSURANCE

JAN U 1 2006

SPRINGFIELD, ILLINOIS

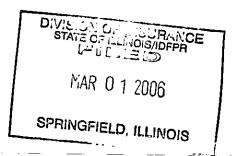
FORM RF-3

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or –)**
1. Automobile Liability	,	,
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
Burglary and Theft		
5. Glass	<u> </u>	
6. Fidelity		DIVISION OF INSURANCE
7. Surety		RECEIVED
8. Boiler and Machinery	<u></u>	
9. Fire		JAN 0 8 2006
10. Extended Coverage		JAN 0 0 2000
11. Inland Marine		
12. Homeowners		SPRINGFIELD, ILLINOIS
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	1,165,744	
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territorie Brief description of filing (if filing follows rates of a	n advisory organization, specify organiza	ation)
*		
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which w	rill result from application of new rates.	
	Claren	ndon National Insurance Company _
		Name of Company
		WWO Secretary
		WWW secretary

JAN 0 1 2006

SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective		March 1, 2006	
, , ,	,		
(1)	(2)	(3)	
(1)	Annual Premium	Percent	
Coverage		Change (+ or -)**	
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)	
1. Automobile Liability			
Private Passenger			
Commercial			
2. Automobile Physical Damage			
Private Passenger			
Commercial			
Liability Other Than Auto			
Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
_			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other Workers' Compensation	\$199,460,016	6.5%	
Line of Insurance			
Does filing only apply to certain territor No.	y (territories) or certain classes? If so,	specify:	
Brief description of filing. (If filing follow Rate filing based on NCCI's approve		pecify organization):	
* Adjusted to reflect all prior rate cha ** Change in Company's premium lev			
result from application of new rates) .		
		Commerce & Industry	
		Insurance Company	
		Name of Company	
		Joseph Russo – Filings Analyst	
	-	Official - Title	
H29219D			
11202100			



FORM RF-3

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability	volunie (nimois)	Change (+ or –)
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage	<u></u>	
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$0.00	6.3%
16. Other	<u></u>	
Does filing only apply to certain territory (territories)	or certain classes? If so, specify N	//A
Brief description of filing (if filing follows rates of an Rates as released by the National Council on Compensat		
policies effective on and after February 1, 2006		
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will	result from application of new rates.	
		EastGUARD Insurance Company Name of Company
	Sharon D	Derhammer, Senior State Filings Rep
		Official,— Title
		FED 0 1 2006
		CPRINGFIELD, ILLINOIO

Change in Company's premium or rate level produced	uced by rate revision effective	01/01/06
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
Overage	VOIDITIO TIMINOST	<u>Shango (* 5) 7 -</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		· · · · · · · · · · · · · · · · · · ·
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		· · · · · · · · · · · · · · · · · · ·
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$5,705,048	6.30%
Line of Insurance	401.0010.00	
Does filing only apply to certain territory (territorie	s) or certain classes? If so, specify:	All territories, all classes with
exception for class code 6204 Drilling NOC and I		
Brief description of filing. (If filing follows rates of	f an advisory organization, specify orga	nization): We are adopting the
advisory rates approved in NCCI circular IL-2005		•
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level which will	result from application of new rates.	
, , ,		
	FM	CASCO Insurance Company
		Name of Company
		reality of company
	0	Don Coughennower - Vice President
		Official - Title
		Onicia; - Tigo



Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial		
Liability Other Than Auto Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety B. Boiler and Machinery		
b. Fire	· · · · · · · · · · · · · · · · · · ·	
10. Extended Coverage		
11. Inland Marine		
2. Homeowners		
I3. Commercial Multi-Peril		
14. Crop Hail15. Other <u>Workers Compensation</u>	\$22,188,429	+6.3%
Line of Insurance		
Does filing only apply to certain territory (te	rritories) or certain classes? If so, specify:	
Brief description of filing. (If filing follows ra	tes of an advisory organization, specify or	ganization): Filing to adopt NCCI 1-1
Brief description of filing. (If filing follows ra	tes of an advisory organization, specify or	ganization): Filing to adopt NCCI 1-1
Brief description of filing. (If filing follows ra 2006 advisory rates with a +60% company Adjusted to reflect all prior rate changes.	tes of an advisory organization, specify organization. deviation. ch will result from application of new rates.	ganization): <u>Filing to adopt NCCI 1-1</u>
Brief description of filing. (If filing follows ra 2006 advisory rates with a +60% company Adjusted to reflect all prior rate changes.	tes of an advisory organization, specify organization. ch will result from application of new rates. Employers Insu	ganization): Filing to adopt NCCI 1-1
Brief description of filing. (If filing follows ra 2006 advisory rates with a +60% company Adjusted to reflect all prior rate changes.	tes of an advisory organization, specify organization. ch will result from application of new rates. Employers Insu	ganization): Filing to adopt NCCI 1-1

Change in Company's premium or rate level pro-	duced by rate revision effective	01/01/06
(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
Coverage	volume (IIIInois)	Change (+ or -)
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire 10. Extended Coverage		
11. Inland Marine		
12. Homeowners	· · · · · · · · · · · · · · · · · · ·	·
13. Commercial Multi-Peril		-
14. Crop Hail		
15. Other Workers Compensation	\$3,648,957	8.40%
Line of Insurance		
Brief description of filing. (If filing follows rates advisory rates approved in NCCI circular IL-200 *Adjusted to reflect all prior rate changes. **Change in Company's premium level which with the state of the	5-11 at current modification of 1.00.	we are adopting the
		oyers Mutual Casualty Company
		Name of Company
		Don Coughennower - Assistant Vice President
	 	Official - Title
DIVISION OF IN STATE OF ILLING	DIS/IDFPR	
JAN 01	2006 DIVISION OF	INSUFIANCE LINGUIDERR
SPRINGFIELD	SIA CE UL	UNOIS/IDEPPR 0 1 2006
	l l	
	SPRINGF	IELD, ILLINOIS

Page 1 of 1 Edition 08/01/95

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
Automobile Liability		
Private Passenger		
Commercial		
Autobobile Physical Damage		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		•
Glass		
Fidelity		· · · · · · · · · · · · · · · · · · ·
Surety		
Boiler and Machinery		
Fire		
. Extended Coverage		
, Inland Marine		
. Homeowners		
. Commercial Multi-Peril		
. Crop Hail		
. Other Workers Compensation	\$984,797	+11.1%
Line of Insurance	Ψοο 1,1 ο 1	
oes filing only apply to certain territory (territo	ories) or certain classes? If so, specify:	No
ief description of filing. (If filing follows rates	of an advisory organization, specify org	ganization):
Adoption of NCCI loss costs and	miscellaneous values	•

**Change in Company's premium level which will result from application of new

Name of Company

Name of Company

Was Forticilla

Ross C. Fonticella, AGASDIVISION OF INSURANCE

STATE OF ILLIAD'S JAPPE

JAN 0 1 2006

SPRINGFIELD, ILLINOIS

Coverage Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity		
Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity		
Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity		
Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity		
Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity		
Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity		
Burglary and Theft Glass Fidelity		
Burglary and Theft Glass Fidelity		
Glass		
	· · · · · · · · · · · · · · · · · · ·	
Curoty		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	\$14,752,559	+8.6
Line of Insurance		
es filing only apply to certain territory (territories) or co		
Adoption of NCCI loss costs and miscel		
djusted to reflect all prior rate changes.		
change in Company's premium level which will result	from application of new rates.	
	Erie Insuranc	· · · · · · · · · · · · · · · · · · ·
	Name of Co	ompany
	Q. 1-100	
	ss C. Fonticella, ACAS, MAA	<u> </u>

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

JAN 0 1 2006

SPRINGFIELD, ILLINOIS

FORM RF-3

Change in Company's premium or rate level produced b	y rate revision effective <u>January 1</u>	. 2006
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		····
3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fig. 1.1.		
Fidelity Surety Boiler and Machinery		
9. Fire 10. Extended Coverage 11. Inland Marine		
12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail		
15. Workers Compensation 16. Other Line of Insurance	<u>\$121,260</u>	+6.3%
Does filing only apply to certain territory (territories) or or	ertain classes? If so, specify <u>No</u>)
Brief description of filing (if filing follows rates of an advis	sory organization, specify organizat	ion)This filing adopts the
advisory rates and rating values effective January 1, 200	06, as submitted by the NCCI, with	no deviation.
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result	t from application of new rates.	
COURANCE		urance Company
DIVIS'ON OF INSURANCE STATE OF ILLINOIS/IDEPR		of Company ce President & Compliance Manager
JAN 0 1 2006	Offic	cial - Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	vei produced by rate revision effective	1/1/06
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto _		
Burglary and Theft		
5. Glass		
6. Fidelity _		
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril _		
14. Crop Hail		4.000/
15. Other Worker's Compensation Line of Insurance	1,735,268	+4,20%
Does filing only apply to certain territory (t Loss cost multiplier 1.209 for class code 8	erritories) or certain classes? If so, specify:	At this time we would like to file
LOSS COST HIGHDIGH 1.200 for Glass Code C	<u>, , , , , , , , , , , , , , , , , , , </u>	
Brief description of filing (If filing follows r	ates of an advisory organization, specify or	ganization):
We are adopting NCCI's 1/1/06 loss costs	and retaining our current loss cost multipli	er of 1.511 for all classes except
class code 8116.		
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level wh	nich will result from application of new rates	
	Farmland M	lutual Insurance Company
		Name of Company
		Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

414100

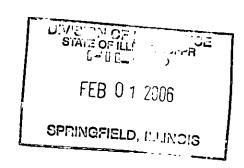
JAN U 1 2006

SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	02/01/2006
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety	_	
9. Fire		
10. Extended Coverage	······································	
12. Homeowners		
14. Crop Hail	00.740.400	
15. Other Workers Compensation Line of Insurance	\$8,748,1 <u>20</u>	+5.5%
Does filing only apply to certain territory (terr	itories) or certain classes? If so, specify	<i>y</i> : <u>No</u>
Brief description of filing. (If filing follows rate Adoption of NCCI 01/01/06 loss costs with n	s of an advisory organization, specify on change to Loss Cost Multiplier	organization):
*Adjusted to reflect all prior rate changes.		_
**Change in Company's premium level which	n will result from application of new rate	5.
	ECC	I Insurance Company
		Name of Company
		The state of the s
	George E Geders	CPCU - Product Design Specialist
		Official - Title



Section 754.EXHIBIT A Summary Shoot (Form RF-3)

FORM (RF-3)

	Change in Company's premium or effective	rate level produced by	rate revision	
	(1)	(2) Annual Premium	(3)	
	Coverage	Valume (Illinois)*	Percent Change (+ or -)**	
2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Life of Insurance	2,955, 971	0%	
	Does filing only apply to certiclesses? If so, specify: Brief description of filing. organization, specify organization	(If filing follows estas		
		N TO LOSS COST		
	*Adjusted to reflect all prior **Change in Company's premium l new rates.	r rate changes	from application of	
		FEDERATED RUL	PAL ELECTRIC INS	. EXCHANGE
	,	ANNETTE ALEXA	NASE MAR 1 7 1983	
	•	ACTUARIAL ANA	WAR 1 7 1983 Title WAR 1 7 1983 Title LIMS F. SOS ISLL COPE LINING. Sin 2 Car Illuni Ols,	AMICE NDFPR
			JAN 15 20	106
			CPTINICFIELD, IL	SICNLL

ILLINOIS SUMMARY SHEET FORM RF-3

Char	nge in Company's premium or rate level produced by rate revision effecti	/e 2/1/06		
	(1) A	(2) nnual Premium	(3) Percent	
	Coverage	olume (Illinois)*	Change (+ or -)**	
1	Automobile Liability			
	Private Passenger			
	Commercial			
2	Automobile Physical Damage			
	Private Passenger			
	Commercial			
3	Liability Other than Auto			
4	Burglary and Theft	<u></u> _		
5	Glass			
6	Fidelity			
7	Surety			
8	Boiler and Machinery			
9	Fire			
10	Extended Coverage			
11	Inland Marine		. 	
12	Homeowners			
13	Commercial Multi-Peril			
14				
15	Workers Compensation	\$235	<u>6.5%</u>	
16	Other			
	Line of Insurance			
Ooes	s Filing only apply to certain territory (territories) or certain classes? If so	, specify		_
	No			_
1-1-4	description of filing (if filing follows rates of an advisory organization, spe	ocific organization)		
) I C I	Filing to adopt NCCI's approved loss cost change, circular IL-2005-11.			_
	Filling to adopt 170010 approved load 2001 Gritarige, Gredian 12 2000 11.			_
				_
	 Adjusted to reflect all prior rate changes Change in Company's premium level will result from application of result from a possible from a proper from a possible from a possible	now rates		
	Change in Company's premium level will result from application or i	ioti luiod.		
		_	Fireman's Fund	
			Name of company	
		<u></u>	Official - Title	_

STATE OF ILLIAN DEPR

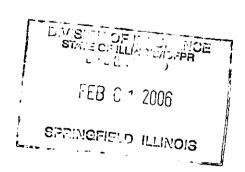
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SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate lev	el produced by rate revision effective	2/1/2006
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
5. Fidelity		
7. Surety		
B. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		<u></u>
13. Commercial Multi-Peril	 	
14. Crop Hail		
15. Other Workers Compensation	\$928,580	+6.5%
Line of Insurance	ΨοΣο,οσο	
Does filing only apply to certain territory (to	erritories) or certain classes? If so, specif	fy:
3 , 11 ,	•	
Brief description of filing. (If filing follows ra 2006 loss costs and rating values a compa	ates of an advisory organization, specify any 2.038 multiplier	organization): Filing to adopt NCCI 1-1-
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh	• •	es. Liberty Insurance Corporation
		Name of Company
	<u>Debra Rothmeyer</u>	State Filings Analyst Official – Title
		Onical - Hite



FORM RF-3

Change in Company's premium or rate level produced by rate revision effective <u>January 1, 2006</u>.

(1) Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Da		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**	
Private Passenger Commercial	mage			
3. Liability Other than Auto				
Burglary and Theft Glass	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR			
6. Fidelity	• -			
7. Surety 8. Boiler and Machinery 9. Fire	JAN 01 2006			
10. Extended Coverage 11. Inland Marine	SPRINGFIELD, ILLINOIS			
12. Homeowners				
13. Commercial Multi-Peril				
14. Crop Hail				
15. Workers Compensation		2,427,242	+5%	
16. Other Line of Insuran				
Line of modian	C G			
	ain territory (territories) or certain cla	sses? If so, specify		
No				
Brief description of filing (if file	ing follows rates of an advisory orga	nization, specify organiza	tion)	
We are filing to adopt the 01/01/2	2006 NCCI loss costs. We are filing to ch	nange our loss cost multiplier	to 1.558	
TO STO THINKS TO EGODE THE OTTO THE		lange our loss cost manipher	10 1.500.	
* Adjusted to reflect all p ** Change in Company's	prior rate changes. premium level which will result from app	lication of new rates.		
		Floriete'	Mutual Insurance Company	

Florists' Mutual Insurance Company
Name of Company

<u>Danielle R. Milby, Compliance Analyst</u>
Official — Title

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate lev	vel produced by rate revision effective	02/01/2006
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private Reseases Commercial		
Passenger Commercial 2. Automobile Physical Damage		
Dubanta Danasa Canasa sa int		
3. Liability Other Than Auto		
 Burglary and Theft 		
5. Glass		
 Fidelity Surety 		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril14. Crop Hail		
15. Other Workers' Compensation	18,379,234	10.69%
Line of Insurance		
1, 2006. We wish to apply a new deviation 0042 5057 5221 5473 5538 6017 6235 70 0050 5059 5222 5474 5539 6018 6236 70 1322 5069 5223 5478 5551 6045 6237 70 3365 5102 5348 5479 5606 6204 6251 70 3719 5146 5402 5480 5610 6206 6252 70 3724 5160 5403 5491 5645 6213 6260 70 3726 5183 5437 5506 5651 6214 6306 83 5020 5188 5443 5507 5703 6216 6319 93 5022 5190 5445 5508 5705 6217 6325 93 5027 5043 5463	601 605 611 612 613 855 227	FEB 0 1 2006
5037 5213 5462 6003 6229 6400		
5040 5215 5472 5537 6005 6233 7538		
		mary, for the above class codes, the 1.05
would be applied to the rate, and then to 10.69% for General Casualty Company of		hat rate. This will result in an increase of
10.69% for General Casualty Company of	IIIIIIOIS.	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level when the state of the state		rates. ral Casualty Company of Illinois
		Name of Company
	Sara Zastr	row - Rate Development Technician Official – Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate le	vel produced by rate revision effective	02/01/2006
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
00verage	voidino (minoto)	
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft	***	
5. Glass		
6. Fidelity		
7. Surety		
B. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
	14,387,173	11.01%
15. Other Workers' Compensation Line of Insurance	14,307,173	11.0176
Line of hisulance		
Poes filing only apply to certain territory (t	erritories) or certain classes? If so, specify	
No	critical content diagons. If co, specify	
<u> </u>		40.00
Brief description of filing. (If filing follows 2006 Advisory Workers' Compensation R. 1, 2006. We also wish to increase our de	rates of an advisory organization, specifiates filed by the National Council on Comparison from 1.15 to 1.20	y organization): Adopt the January 1, ensation Insurance effective February
r, 2006. We also wish to increase our de	Viation 1011 1,15 to 1.20.	.
Adjusted to reflect all prior rate changes.		
**Change in Company's premium level wh	nich will result from application of new rates	•
Change in Company's premium lever wi	ilon will result from application of new rates	.
	Conoral Cass	ualty Company of Wisconsin
		Name of Company
		наше от острану
	Sara Zastrow -	Rate Development Technician
	Sala Zasti UW -	Official – Title



Change in Company's premium or rate	level produced by rate revision effective	veMarch 1, 2006
(1)	(2)	(3)
()	Annual Premium	Percent
Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Perii		
14. Crop Hail		
15. Other Workers' Compensation	\$86,358	6.5%
Line of Insurance		
Does filing only apply to certain territ	ory (territories) or certain classes? If s	o specify:
No.	ory (territories) or certain diasses: It s	о, арсону.
	lows rates of an advisory organization,	specify organization):
Rate filing based on NCCI's appro	ved advisory loss costs.	
* Adjusted to reflect all prior rate c		
** Change in Company's premium		
result from application of new rat	es.	
		Granite State Insurance Company
		Name of Company
		reame of company
		Joseph Russo – Filings Analyst
	_	Official - Title
H29219D		
		DIVISION OF I
	DIVISION OF INSURANCE	STATE OF ILLINOIS/IDEAH
	DIVISION OF INSURANCE STATE OF ILLINOISIDEPR	
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	MAD 0 1 2000	The special states of the stat
	MAR 0 1 2006	/

SPRINGFIELD, ILLINOIS

SPRINGFIELD, ILLINOIS

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective: 01/01/2006

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity JAN 0 1 2006		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire SPRINGFIELD, ILLINOIS		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	\$11,454	0.02%
16.	Other		
	(Line of Insurance)		
Does filing	only apply to certain territory (territories) or ce	ertain classes? If so, specify:	NO
Adoption o	ription of filing. (If filing follows rates of an adv f the January 1, 2005 Approved Miscellaneou nic Industrial Accidents as outlined in NCCI Ci	s Values for Domestic Terrorism,	Earthquakes, and
applicable	to all new and renewal business written on or	after January 1, 2006.	

Great American Alliance Insurance Company
Name of Company

Denise Kreyenhagen Sr. Product Analyst
Official - Title

WC-IL-6 Printing 2/02

^{*} Adjusted to reflect all prior rate changes.

^{**} Change in Company's premium level which will result from application of new rates.

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective: 3/1/2006

	 	3/1/2000	<u></u>
	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11,	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	\$11,454	7.1%
16.	Other	Φ11,404	7.170
10.	(Line of Insurance)	<u> </u>	
	(Emo or mooranoo)	,	
Does fi	iling only apply to certain territory (te	erritories) or certain classes? If so, specify:	NO
Docs II	mig only apply to contain termory (to	microsof or contain diagona. In co, opening.	
Brief de	escription of filing. (If filing follows ra	ates of an advisory organization, specify organ	nization): Adoption
		etrospective Rating Values from NCCI Circula	
Jan 1	2006 Our filing (WC II, 0601 BATI	E) to be effective March 1, 2006. Within this f	iling we would like to
		ase company to our preferred company and re	
	ould allow us to follow our countrywi		nect a -1076 deviation.
11113 444	July and was to follow our country we	ido nor onatogy.	
	* Adjusted to reflect all prior rate	changes	
		n level which will result from application of nev	v rates
	Silango in Company o promisir	in love, while the total help application of her	Traco.
	r - ·	,	
	Sun y man	Great American Alliance Insura	nce Company
		Name of Cor	
	1	4	· ipwiij
	MAR 0 1 2003	\	
	1 mil 0 1 2000	Denise Kreyenhagen Sr. Prodi	uct Analyst
	i)	Official - Title	uci Allalysi
	15	v Chilichi = Tine	

WC-IL-6

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective: 01/01/2006

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass Culture Of the Stuff Stu		
6.	Fidelity SIA COLUMN		
7.	Surety		
8.	Boiler and Machinery JAN 0 1 2006		
9.	Fire \		
10.	Extended Coverage Inland Marine CPCINCFIELD, ILLINOI	3 \	
11.	Inland Marine CPTINITIES		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	\$413,335	0.02%
16.	Other		
	(Line of Insurance)		
Does filing	only apply to certain territory (territories) or c	ertain classes? If so, specify:	NO
Adoption of Catastrop	ription of filing. (If filing follows rates of an adv of the January 1, 2005 Approved Miscellaneou hic Industrial Accidents as outlined in NCCI C to all new and renewal business written on or	us Values for Domestic Terrorism ircular CIF-2004-09. We request	, Earthquakes, and

Great American Assurance Company
Name of Company

Denise Kreyenhagen Sr. Product Analyst
Official - Title

WC-IL-6

Printing 2/02

^{*} Adjusted to reflect all prior rate changes.

^{**} Change in Company's premium level which will result from application of new rates.

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective:

	(1) Coverage	(2)	(3)
		Annual Premium	Percent
•	Coverage	Volume (Illinois) *	Change (+ or -) **
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
	Fidelity		
	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
=	Crop Hail		
	Workers Compensation	\$413,335	5.5%
	Other		
	(Line of Insurance)		
Does filing	only apply to certain territory (territories) or co	ertain classes? If so, specify:	NO
Does ming	only apply to contain termory (termorios) or or	ortain oldoods. In oo, opening.	
			
	iption of filing. (If filing follows rates of an adv ss Costs, Rating Values and Retrospective F		
	6. Our filing (WC IL 0601 RATE) to be effect		
	eat American Assurance from a preferred con		
	countrywide tier strategy.	inpuny to a substituting in the	
	Adjusted to reflect all prior rate changes.		
	Change in Company's premium level which	will result from application of n	iew rates.

		Great American Assurance Company	
	€ 1	Name of Company	
	MAR U 1 2006	Denise Kreyenhagen Sr. Product Analyst Official - Title	_
;	CALINGHELD, HAND WC-IL-6		Printing 2/02

	3/1/2006	MAR 0 1 2
(1)	. (2) Annual Premium	EPPLINGFIFERett
Coverage	Volume (Illinois) *	Change (+ o
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Workers Compensation	\$45,048	5.6%
Other (Line of Insurance)		
(Eine of madranee)		
g only apply to certain territory (territo	ries) or certain classes? If so, spec	oify: NO
	of an advisory organization, specif	

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF IMPURAINCE STATE OF ILLING BY TO PR SPRINGFIELD, ILLINOIS WC-IL-6 Great American Insurance Company Name of Company

Denise Kreyenhagen Sr. Product Analyst
Official - Title

Printing 2/02

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective: 01/01/2006

		2000	
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+ or -)
	Automobile Liability		
	Private Passenger		
	Commercial		
	Automobile Physical Damage		
	Private Passenger		
	Commercial		
	Liability Other Than Auto OF INCURNING Burglary and Theft STATE OF ILLINOIS/IDEPR		
٠,	Burglary and Theft STATE OF ILLINOIS/IDEPR		
.	Glass (FULL. LED)		
S .	Fidelity		
' .	Surety JAN 0 1 2006		
3.	Boiler and Machinery		
١.	Fire CREINGEIELD III INCIG		· · · · · · · · · · · · · · · · · · ·
0.	Fire SPR!NGFIELD, ILLINOIS- Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Workers Compensation	\$45,048	0.02%
6.	Other		
	(Line of Insurance)		
oes fi	ling only apply to certain territory (territories) or ce	rtain classes? If so, specify:	NO
_			<u> </u>
	escription of filing. (If filing follows rates of an advis		
doptic	on of the January 1, 2005 Approved Miscellaneous	S Values for Domestic Terrorism	, Earthquakes, and
	ophic Industrial Accidents as outlined in NCCI Cir		that this filing be
pplica	ble to all new and renewal business written on or	atter January 1, 2006.	
	· Autoritaria de la Augusta de la Companya de la Co		
	* Adjusted to reflect all prior rate changes.	20 marsh forms and Panklass of the	4
	** Change in Company's premium level which w	/III result from application of new	rates.

Great American Insurance Company Name of Company

Denise Kreyenhagen Sr. Product Analyst
Official - Title

WC-IL-6

Printing 2/02

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective: 01/01/2006

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft: VIET IN C.F. INSURANCE STATE OF ILLINOIS/IDEPR	<u> </u>	
6. Fidelity		
7. Surety JAN 0 1 2006 8. Boiler and Machinery		-
8. Boiler and Machinery OAN 0 1 2000 9. Fire		
10. Extended Coverage PRINCFIELD, ILLINOIS		
11. Inland Marine		
12. Homeowners	-	
13. Commercial Multi-Peril		· · · · · · · · · · · · · · · · · · ·
14. Crop Hail		
15. Workers Compensation	\$2,149,641	0.02%
16. Other		
(Line of Insurance)		
Does filing only apply to certain territory (territories) or ce	ertain classes? If so, specify:	NO
Brief description of filing. (If filing follows rates of an adv Adoption of the January 1, 2005 Approved Miscellaneou Catastrophic Industrial Accidents as outlined in NCCI Ci	is Values for Domestic Terrorism	n, Earthquakes, and
applicable to all new and renewal business written on or		

* Adjusted to reflect all prior rate changes.

Great American Insurance Company of New York

Name of Company

Printing 2/02

Denise Kreyenhagen Sr. Product Analyst
Official - Title

WC-IL-6

^{**} Change in Company's premium level which will result from application of new rates.

FORM RF - 3

(1)		(2) Annual Premium	(3) Percent
Coverage		Volume (Illinois) *	Change (+ o
Automobile I	_iability		
Private Pa	ssenger		
Commerci	al		
Automobile I	Physical Damage		
Private Pa	ssenger		
Commerci	al		
Liability Othe	er Than Auto	<u></u>	
Burglary and	l Theft		
Glass			
Fidelity			
Surety			
Boiler and M	achinery		
Fire			
Extended Co	overage		
Inland Marin	e		
Homeowners	\$	<u> </u>	
Commercial	Multi-Peril		
Crop Hail			
Workers Cor	mpensation	\$2,149,641	7.8%
Other			
((Line of Insurance)		
		>	NO
ng only apply to	certain territory (territorie	es) or certain classes? If so, specify	y: <u>NO</u>
<u> </u>			
			

Great American Insurance Company of New York

Name of Company

Denise Kreyenhagen Sr. Product Analyst
Official - Title

WC-IL-6

^{*} Adjusted to reflect all prior rate changes.

^{**} Change in Company's premium level which will result from application of new rates.

SUMMARY SHEET

,	Change in Company's premium or rate	e level produced by rate revision effecti	ve 1-1-2005
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Comp	35,498.	9.8%
Does f	iling only apply to certain territory (te	rritories) or certain classes? If so, spec	ify:
Adopt	ing NCCI Rates and revising manual		ify organization):
** C	djusted to reflect all prior rate changes hange in Company's premium level wl sult from application of new rates.		
		Gu	ideOne Elite Insurance Co.
			Name of Company
		Sc	ott Reddig, FCAS, MAAA
		As	sist Vice President/Chief tuary
			Official - Title

SUMMARY SHEET

Coverage Volume (Illinois)* Change (+ Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers' Comp 1,383,410 10.4%	2. A 3. L 4. B 5. G 6. F 7. S	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Gidelity	Volume (Illinois)*	Change (+ or -)**
Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail	2. A 3. L 4. B 5. G 6. F 7. S	Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Gidelity		
Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail	2. A 3. L 4. B 5. G 6. F 7. S	Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Gidelity		
Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail	2. A 3. L 4. B 5. G 6. F 7. S	Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Flass Fidelity		
Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail	3. L 4. B 5. G 6. F 7. S	Private Passenger Commercial Liability Other Than Auto Burglary and Theft Blass Blass		
Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail	3. L 4. B 5. G 6. F 7. S	Commercial Liability Other Than Auto Burglary and Theft Blass Bidelity		
Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail	3. L 4. B 5. G 6. F 7. S	iability Other Than Auto Burglary and Theft Blass Bidelity		
Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail	 B G F S 	Burglary and Theft Flass Fidelity		
Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail	 4. B 5. G 6. F 7. S 	Burglary and Theft Flass Fidelity		
Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail	6. F 7. S	idelity		
Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail	7. S	-	· ·	
Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail				
Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail		urety		
Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail	8. B	Boiler and Machinery		
Inland Marine Homeowners Commercial Multi-Peril Crop Hail	9. F	ire ire		
Homeowners Commercial Multi-Peril Crop Hail	10. E	Extended Coverage		
Commercial Multi-Peril Crop Hail	11. Ir	nland Marine		
Crop Hail	12. H	Iomeowners		
	13. C	Commercial Multi-Peril		
Other Workers' Comp 1,383,410 10.4%	14. C	Crop Hail	· · · · · · · · · · · · · · · · · · ·	
	15. O	Other Workers' Comp	1,383,410	10.4%
	13. C	Comi Crop	mercial Multi-Peril Hail	mercial Multi-Peril Hail
	lo			
filing only apply to certain territory (territories) or certain classes? If so, specify:	No			

- * Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

GuideOne Mutual Insurance Co. Name of Company

Scott Reddig, FCAS, MAAA Assist Vice President/Chief Actuary Official - Title

H29219D



ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produ	ced by rate revision effective	01/01/06
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial		
Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$5,354,769	6.40%
Line of Insurance		
Does filing only apply to certain territory (territories exception for class code 6204 Drilling NOC and D		All territories, all classes with
Brief description of filing. (If filing follows rates of advisory rates approved in NCCI circular IL-2005-		zation): We are adopting the
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which will a		
	Illinois E	mcasco Insurance Company
		Name of Company
	0 Don Coughenr	nower - Vice Presiden 0
		Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

JAN 0 1 2006

SPRINGFIELD, ILLINOIS

SUMMARY SHEET

lange in Company's premium or rate leve	el produced by rate revision effec	march 1, 2006
(1)	(2)	(3)
(1)	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Coverage	volume (minors)	Change (· Or 4
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
i. Glass		
i. Fidelity	· · · · · · · · · · · · · · · · · · ·	
. Surety		
	<u> </u>	
Fire		
Extended Coverage		
1. Inland Marine		
2. Homeowners		
I3. Commercial Multi-Peril	<u> </u>	
l4. Crop Hail		
15. Other Workers' Compensation	\$30,812,762	6.5%
Line of Insurance	 	
Does filing only apply to certain territory No.	,	so, specify:
Brief description of filing. (If filing follows Rate filing based on NCCI's approved		າ, specify organization):
Adjusted to reflect all prior rate change	ges.	
* Change in Company's premium leve		
result from application of new rates.		
		Illinois National Insurance Company
	_	Name of Company
		,
		Joseph Russo – Filings Analyst
	-	Official - Title
129219D		Omolal - Tue
7434130		

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

MAR U 1 2006

SPRINGFIELD, ILLINOIS

SUMMARY SHEET

Priva Com 2. Auton Priva Com 3. Liabil 4. Burgla 5. Glass 6. Fideli 7. Surety 8. Boiler 9. Fire	Coverage nobile Liability te Passenger mercial nobile Physical Damage te Passenger mercial tty Other Than Auto ary and Theft	Volume (Illinois)*	Change (+ or -)**
Priva Com 2. Auton Priva Com 3. Liabil 4. Burgla 5. Glass 6. Fideli 7. Surety 8. Boiler 9. Fire	te Passenger mercial nobile Physical Damage te Passenger mercial ty Other Than Auto ary and Theft		
2. Auton Priva Com 3. Liabil 4. Burgla 5. Glass 6. Fideli 7. Surety 8. Boiler 9. Fire	nobile Physical Damage te Passenger mercial ity Other Than Auto ary and Theft		
Priva Com 3. Liabil 4. Burgla 5. Glass 6. Fideli 7. Surety 8. Boiler 9. Fire	te Passenger mercial ty Other Than Auto rry and Theft		
 Liabil Burgla Glass Fideli Surety Boiler Fire 	ty Other Than Auto ary and Theft		
 Burgla Glass Fideli Surety Boiler Fire 	ry and Theft		
 Glass Fideli Surety Boiler Fire 	•		
6. Fideli7. Surety8. Boiler9. Fire	у		
 Surety Boiler Fire 	у		
8. Boiler 9. Fire			<u> </u>
9. Fire			
	and Machinery		
10 Extend			<u> </u>
IV. LATCH	led Coverage		
11. Inland	Marine		
Home	owners		
13. Comm	ercial Multi-Peril		
14. Crop l	l ail		
15. Other	Workers' Compensation	692,317	+17.6%
	Line of Insurance		

- * Adjusted to reflect all prior rate changes.
- Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

JAN 0 1 2006

Indiana Lumbermens Mutual Insurance Company

Name of Company

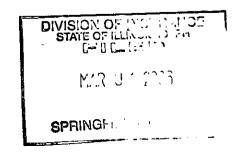
Tonya J. Burroughs, Compliance Analyst

Official - Title

H29219D

SUMMARY SHEET

hange in Company's premium or rate leve	el produced by rate revision effective	March 1, 2006
- , , , ,		
(1)	(2)	(3)
(1)	Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
Coverage	volume (minola)	Ghango (* Gr. 7.
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		· · · · · · · · · · · · · · · · · · ·
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	#42.450.20C	6.59
15. Other Workers' Compensation	\$13,150,386	0.37
Line of Insurance		
No. Brief description of filing. (If filing follows Rate filing based on NCCI's approved	rates of an advisory organization, s advisory loss costs.	
 Adjusted to reflect all prior rate chang 		
** Change in Company's premium level	l which will	
result from application of new rates.		
		The Insurance Company of the
		State of Pennsylvania
		Name of Company
		Joseph Ducco Ellingo Anglust
		Joseph Russo – Filings Analyst Official - Title
H20210D		Omoral - Title
H29219D		



FORM RF-3

			_
(1)		(2)	(3) Percent
Coverage		Annual Premuim Volume (Illinois)*	Change (+ or -)**
Coverage		voiame (minus)	,
Automobile Liability			
Private Passenger			
Commercial			
Automobile			
Private Passenger			
Commercial			
Liability Other than Auto	,		
Burglary and Theft			
Glass			
Fidelity			
Surety			
Boiler and Machinery	Durace	· <u> </u>	
Fire	DIVISION OF INSURANCE		
Extended Coverage	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR		
Inland Marine			
Homeowners	JAN 01 2006		
Commercial Multi-Peril	2000		
Crop Hail	OBBILIANIA III	<u> </u>	
	SPRINGFIELD, ILLINOIS	2,211	+6.3%
Other		<u> </u>	
Line of Insurar	ice		
es filing only apply to certa	in territory (territories) or certain	classes? If so, specify NO	
es thing only apply to certa	in territory (territories) or contain		
ef description of filing (if f	ling follows rates of an advisory of	organization, specify organization)	ADOPTION OF NCCI'S
	iling follows rates of an advisory o		ADOPTION OF NCCI'S PLAN PARAMETERS
LUNTARY ADVISORY I	RATES, RATING VALUES AND		ADOPTION OF NCCI'S PLAN PARAMETERS
LUNTARY ADVISORY I	RATES, RATING VALUES AND		ADOPTION OF NCCI'S PLAN PARAMETERS
LUNTARY ADVISORY I 'ECTIVE JANUARY 1, 2 * Adjusted to reflect all	RATES, RATING VALUES AND 006. prior rate changes.	RETROSPECTIVE RATING I	ADOPTION OF NCCES PLAN PARAMETERS
LUNTARY ADVISORY I ECTIVE JANUARY 1, 20 * Adjusted to reflect all	RATES,RATING VALUES AND 006.	RETROSPECTIVE RATING I	ADOPTION OF NCCI'S PLAN PARAMETERS
LUNTARY ADVISORY I ECTIVE JANUARY 1, 20 * Adjusted to reflect all	RATES, RATING VALUES AND 006. prior rate changes.	RETROSPECTIVE RATING I	ADOPTION OF NCCES PLAN PARAMETERS
LUNTARY ADVISORY I FECTIVE JANUARY 1, 20 * Adjusted to reflect all	RATES, RATING VALUES AND 006. prior rate changes.	RETROSPECTIVE RATING I	PLAN PARAMETERS
LUNTARY ADVISORY I FECTIVE JANUARY 1, 20 * Adjusted to reflect all	RATES, RATING VALUES AND 006. prior rate changes.	RETROSPECTIVE RATING In application of new rates.	OF THE WEST
* Adjusted to reflect all	RATES, RATING VALUES AND 006. prior rate changes.	RETROSPECTIVE RATING I	OF THE WEST
FECTIVE JANUARY 1, 2 * Adjusted to reflect all	RATES, RATING VALUES AND 006. prior rate changes.	RETROSPECTIVE RATING In application of new rates.	OF THE WEST

FORM RF-3

445		<u> </u>
(1) Coverage	Annual Premium Per	3) rcent (+ or -)**
Automobile Liability	Cilarigo	(0,)
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	<u></u>	
15. Workers Compensation	667,999 +6.3	
16. Other Line of Insurance	·	
rief description of filing (if filing follows rates of a dopts NCCI 1/1/06 Advisory rates and miscellan	n advisory organization, specify organization) eous rating values, including expense constant of \$28	30
* Adjusted to reflect all prior rate changes. * Change in Company's premium level which w	eous rating values, including expense constant of \$28	
* Adjusted to reflect all prior rate changes.	eous rating values, including expense constant of \$28 ill result from application of new rates. Insurance Corp. of i	Hannover
* Adjusted to reflect all prior rate changes.	eous rating values, including expense constant of \$28 ill result from application of new rates. Insurance Corp. of i	
* Adjusted to reflect all prior rate changes.	eous rating values, including expense constant of \$28 ill result from application of new rates. Insurance Corp. of i	Hannover_ f Company
Adjusted to reflect all prior rate changes.	eous rating values, including expense constant of \$28 fill result from application of new rates. Insurance Corp. of I Name o	Hannover f Company
Adjusted to reflect all prior rate changes.	eous rating values, including expense constant of \$28 ill result from application of new rates. Insurance Corp. of i	Hannover f Company

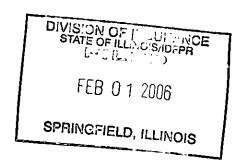
ILLINOIS SUMMARY SHEET FORM RF-3

Cha	inge in Company's premiu	m or rate level produced by rate r	evision eff	ective <u>Ja</u>	nuary 1, 2	006
		(1)	Annual	(2) Premium		(3) Percent
		overage	Volume	(Illinois)*		Change (+ or -)**
1.	Automobile Liability					
	Private Passenger	_				
	Commercial	_				
2.	Automobile Physical Dam	nage				
	Private Passenger	-				
	Commercial	_			 -	
3.	Liability Other than Auto	-				
4.	Burglary and Theft	_				
5.	Glass	_			- -	
6.	Fidelity	_				
7.	Surety	_				
8.	Boiler and Machinery	_				
9.	Fire	_				
10.	Extended Coverage					
11.	Inland Marine	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR				<u> </u>
12.	Homeowners	STATE OF ILLINOIS/IDIT				
13.	Commercial Multi-Peril	•				
14.	Crop Hail	JAN 0 1 2006 🚆				
15.	Workers Compensation	_	\$14	6,005		+11.2%
16.	Other	SPRINGFIELD, ILLINOIS				
	Line of Insurance	SPARKER				
Doe	es filing only apply to certai	n territory (territories) or certain c	lasses? If	so, specify	No	
Brie	of description of filing (if filing	ng follows rates of an advisory org	ganization,	specify orga	anization)	Filing to adopt
		January 1, 2006 rates approved i				
	settive daridary 1, 2000, dir	valuary 1, 2000 fates approved 1				
						
*	Adjusted to reflect all price	·				
**	change in Company's pre	emium level which will result from	applicatio	n of new rate	es.	
		Inte	rnational E			le REassurance Co
				name (of Compan	ıy
				Janice L. Ho		
				Actual	rial Analys	
				Offic	ial - Title	

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate leve	el produced by rate revision effective	2/1/2006
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
 Automobile Physical Damage Private Passenger Commercial 		
Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	<u>\$56,127,547</u>	+6.5%
Line of Insurance		
Does filing only apply to certain territory (ter	tes of an advisory organization, specify org	ganization): <u>Filing to adopt NCCI 1-1-</u>
2006 loss costs and rating values a compar	ny 1.853 multiplier	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whic	ch will result from application of new rates.	
	Liberty Motors	Il Fire Insurance Company
		ame of Company
	Debra Rothmeyer	State Filings Analyst
		Official – Title

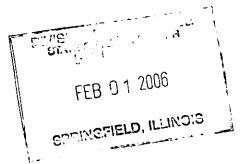


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ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private		
Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial		
B. Liability Other Than Auto		
4. Burglary and Theft		
Glace		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
I1. Inland Marine I2. Homeowners		
I3. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$22,187,767	-+6.5%
Line of Insurance		
Does filing only apply to certain territory (terri Brief description of filing. (If filing follows rate 2006 loss costs and rating values a company	s of an advisory organization, specify o	
Adjusted to reflect all prior rate changes. *Change in Company's premium level which	will result from application of new rate	ş.
	Liberty	Insurance Corporation Name of Company
		Name of Company
		Name of Company
	<u>Debra Rothmeyer</u>	State Filings Analyst
	Debra Rothmeyer	• •
	<u>Debra Rothmeyer</u>	State Filings Analyst



. _Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective _	2/1/2006
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Liability Other Than Auto Burglary and Theft		
5. Glass		
6. Fidelity		
7 Curotú		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	\$14,682,949	+6.5%
Does filing only apply to certain territory (terri	tories) or certain classes? If so, speci	ify:
Brief description of filing. (If filing follows rate 2006 loss costs and rating values a company		organization): Filing to adopt NCCI 1-1-
*Adjusted to reflect all prior rate changes.		· · · · · · · · · · · · · · · · · · ·
**Change in Company's premium level which	will result from application of new rat	tes.
	Liberty I	Mutual Insurance Company
		Name of Company
	Debra Rothmeyer	State Filings Analyst Official – Title
		Onicial - Me

PEB 9 1 2006

SPRINGFIELD, ILLINOIS

SUMMARY SHEET

	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	1,093,000	6.4%
	Line of Insurance		0.470
Does f Filin	filing only apply to certain territory (ter g perttains to all classes.	ritories) or certain classes? If so, specify:	
Brief o	description of filing. (If filing follows age to adopt NCCI loss costs effective 1-	rates of an advisory organization, specify of 1-06.	rganization):
* Ac	djusted to reflect all prior rate changes. nange in Company's premium level whisult from application of new rates.		

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 01 2006

SPRINGFIELD, ILLINOIS

Lincoln General Insurance Company

Name of Company

Michelle Freitag, Consulting Actuary

Official - Title

H29219D

..... Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate I	evel produced by rate revision effective	2/1/2006
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$88,838,977	-4.1%
Line of Insurance	Ψου,υσυ,θττ	-4.170
Does filing only apply to certain territory	(territories) or certain classes? If so, specif	fy:
Brief description of filing. (If filing follows 2006 loss costs and rating values a com	s rates of an advisory organization, specify npany 1.668 multiplier	organization): Filing to adopt NCCI 1-1-
*Adjusted to reflect all prior rate change: **Change in Company's premium level y	s. which will result from application of new rat	es.
	LM	Insurance Corporation
		Name of Company
	<u>Debra Rothmeyer</u>	State Filings Analyst Official – Title



DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

Form (RF-3)

SUMMARY SHEET

JAN 01 2006

Change in Company's premium or rate level produced by rate revision effective

 $_{01}$ SPRINGFIELD, ILLINOIS

 Automobile Lia Private Passer Commercial Automobile Ph Private Passer Commercial Liability Other Burglary and T 	ger ysical Damage ger		
Private Passer Commercial 3. Liability Other 4. Burglary and T	iger		
 Liability Other Burglary and T 	Than Auto		
4. Burglary and T			
5 01			
Glass			
6. Fidelity			
7. Surety			
8. Boiler and Mad	hinery		
9. Fire			
Extended Cove	rage		
11. Inland Marine			
12. Homeowners			
13. Commercial M	ulti-Peril		
Crop Hail			
Cor	rkers' npensation	53,729	0.0 6.3
Line	of Insurance		
Does filing only apply to	o certain territory ((territories) or certain classes? I	f so, specify:

- * Adjusted to reflect all prior rate changes.
- Change in Company's premium level which will result from application of new rates.

Mana of Canada
Name of Company

Tonya J. Burroughs, Compliance Analyst

Official - Title

H29219D

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective _February 1, 2006 .

(1) Coverage		(2) Annual Premium	(3) Percent
ű		Volume (Illinois)*	Change (+ or –)**
1. Automobile Liability		, ,	
Private Passenger			
Commercial			
2. Automobile Physical Da	amage		
Private Passenger			
Commercial			
3. Liability Other than Auto	3		
Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire	DIVISION OF INCUDANCE	1	
10. Extended Coverage	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR		
11. Inland Marine	FILED		
12. Homeowners			
13. Commercial Multi-Peril	FEB 0 1 2006		
14. Crop Hail	2000		
15. Workers Compensation	1	\$458,655	+7.8%
16. Other	SPRINGFIELD, ILLINOIS		
Line of Insurar	160		-
Does filing only apply to cert	ain territory (territories) or certain cla	isses? If so, specify	
Brief description of filing (if fi	ling follows rates of an advisory orga	unization, specify organiza	ation)
Adoption of NCCI's Advisory	/ Loss Costs, Miscellaneous Values ar	nd Retrospective Rting Plan	n Manual State Special Rating Values
		·-	

Adjusted to reflect all prior rate changes.

<u>Lumbermen's Underwritng Alliance</u> Name of Company

Judy L. Smith – Lead Analyst Official — Title

^{**} Change in Company's premium level which will result from application of new rates.

. ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	January 1, 2 <u>00</u> 6
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial	·	
 Automobile Physical Damage Private Passenger Commercial 		
3. Liability Other Than Auto	<u> </u>	
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	. <u>-</u>	
		·
11. Inland Marine		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation Line of Insurance	1,288,176	-11.4%
Does filing only apply to certain territory (territory) Brief description of filing. (If filing follows rates to costs		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whic	h will result from application of new rates	3.
	Milway	kee Casualty Ins. Co.
		Name of Company
		Jon Żetlau
	•	Official – Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR

JAN 0 1 2006

SPRINGFIELD, ILLINOIS

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium	or rate level produced by rate revis	ion effective Jan	uary 1, 2006
(1)	(2) Annual Premiu		(3) Percent
<u>Coverage</u>	<u>Volume (Illinois</u>	<u>Cna</u>	ange (+ or -)**
I. Automobile Liability Private			
Passenger Commercial			
2. Automobile Physical Damag			
Private Passenger Com			
3. Liability Other Than Auto			
Burglary and Theft			
5. Glass			
6. Fidelity			
. Surety			
B. Boiler and Machinery			
). Fire			
0. Extended Coverage			
11. Inland Marine			
12. Homeowners			
3. Commercial Multi-Peril			
			
14. Crop Hail	ion 2,438,079		6.3%
5. Other Workers' Compensation Line of Insurance			
Does filing only apply to certain	territory (territories) or certain class		
5. Other Workers' Compensation Line of Insurance Does filing only apply to certain Brief description of filing. (If filing) Costs Adjusted to reflect all prior rate	ng follows rates of an advisory org	ganization, specify organization	
5. Other Workers' Compensation Line of Insurance Does filing only apply to certain Brief description of filing. (If filing) Costs Adjusted to reflect all prior rate	ng follows rates of an advisory or	ganization, specify organization	i): Adopting NCCI Lo
5. Other Workers' Compensation Line of Insurance Does filing only apply to certain Brief description of filing. (If filing) Costs Adjusted to reflect all prior rate	ng follows rates of an advisory org	ganization, specify organization	a): Adopting NCCI Lo
15. Other Workers' Compensation Line of Insurance Does filing only apply to certain Brief description of filing. (If filing Costs	ng follows rates of an advisory org	ganization, specify organization ation of new rates. Milwaukee Insurance Name of Compan	a): Adopting NCCI Los
5. Other Workers' Compensation Line of Insurance Does filing only apply to certain Brief description of filing. (If filing) Costs	ng follows rates of an advisory org	ganization, specify organization ation of new rates. Milwaukee Insurance Name of Companion Jon Zetlau Official – Title	a): Adopting NCCI Lo
5. Other Workers' Compensation Line of Insurance Does filing only apply to certain Brief description of filing. (If filing) Costs	changes. m level which will result from applications. DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR	ganization, specify organization ation of new rates. Milwaukee Insurance Name of Compan	a): Adopting NCCI Lo
5. Other Workers' Compensation Line of Insurance Does filing only apply to certain Brief description of filing. (If filing) Costs	changes. m level which will result from applicate of ILLINOIS/IDFPR	ganization, specify organization ation of new rates. Milwaukee Insurance Name of Companion Jon Zetlau Official – Title	a): Adopting NCCI Los

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(1)		02/01/2006
Coverage	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial Liability Other Than Auto	·····	
Burglary and Theft		
Glass		
Fidelity		
Surety		
Doilor and Machinery	-	
Fire		
Inland Marine		
Homeowners Commercial Multi-Peril		
Crop Hail		
	\$1,456,670	+4.4%
Line of Insurance	V 11 1001010	- 1, 7,7
ef description of filing. (If filing follows rates option of NCCI 01/01/06 loss costs with no		rganization):
to the distance of the state of the same of		
justed to reflect all prior rate changes. nange in Company's premium level which	Monroe Gu	s. Name of Company CPCU - Product Design Specialist Official - Title

National Interstate Insurance Company _____ Name of Company

Kathy Koenig, Regulatory Compliance Spec. Official — Title

ILLINOIS SUMMARY SHEET

FORM RF-3

(1) Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinely	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR		
Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR		
 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity OIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR 7. Surety 		
Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR		
3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR The state of ILLINOIS Control of the state of t		
4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR		
5. Glass 6. Fidelity 7. Surety DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR		
· 1		
· 1		
· 1		
X KOURT OND MOCNINGS/		
8. Boiler and Machinely 9. Fire JAN 0 1 2006		
TH Eviandad Coverade I		
11. Inland Marine 12. Homeowners 13. Commercial Multi-Par	s \	
12. Homeowners CRRINGFIELD, ILLINO		
13. Commercial Multi-Peri		
14. Crop Hail		
15. Workers Compensation	\$592,430	+6.3%
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territories) or certa	ain classes? If so, specify	
No	<u> </u>	
Brief description of filing (if filing follows rates of an advisor	v organization, enecify organiz	ation)
Sher description or ming (in ming follows rates or an advisor)	y organization, specify organiz	2001)
Adoption of NCCI Workers Compensation Loss Cost Reference Fi	ling Number IL-2005-11, effective	01/01/2006
A Production of the Land Company		
 * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from the company's premium level which will result from the company's premium level. 	om application of new rates.	
Change in Company o promisin love which will result in		

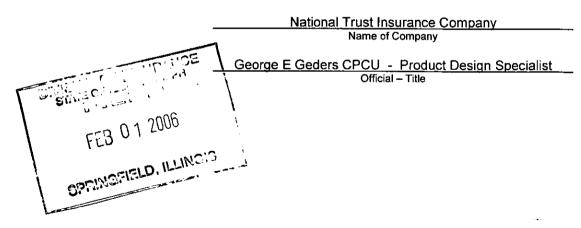
FORM RF-3

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1	Automobile Liability		
	Private Passenger		
	Commercial		
2	Automobile Physical Damage		
	Private Passenger		.
2	Commercial	 	
3 4	Liability Other than Auto Burglary and Theft		
5	Glass	u	
6	Fidelity		
7	Surety		
8	Boiler and Machinery		
9	Fire		
10	Extended Coverage	······································	
11	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Workers Compensation Other	\$1,218	6.5%
. •	Line of Insurance		
	Filing only apply to certain territory (territories) or certain classes description of filing (if filing follows rates of an advisory organizate Filing to adopt NCCI's approved loss cost change, circular IL-20	ion, specify organization)	
	* Adjusted to reflect all prior rate changes ** Change in Company's premium level will result from applicate	tion of new rates.	
			National Surety
		_	Name of company
		_	Office Tar.
			Official Title Sina. = OF
			FEB 0 1 2006
			EPRINGFIELD, ILLINGIG

ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>
		
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial	·	
Liability Other Then Auto		
Burglan, and Thoff		
Glass		
Fidelity		
Surety		
Boiler and Machinony		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation Line of Insurance	\$1,143,900	+3.9%
es filing only apply to certain territory (terri	tories) or certain classes? It so, specify: <u>N</u>	0
ef description of filing. (If filing follows rates	s of an advisory organization, specify orga	inization):
option of NCCI 01/01/06 loss costs with no	alana da la anganization, opcony orga	

^{*}Adjusted to reflect all prior rate changes.
**Change in Company's premium level which will result from application of new rates.



SUMMARY SHEET

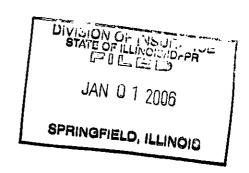
Change in Company's premium or rate level բ	produced by rate revision effective	e March 1, 2006
		
(1)	(2)	(3)
()	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
 Liability Other Than Auto Burglary and Theft 		<u> </u>
Burglary and Theft Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$15,914,730	6.5%
Line of Insurance		
No. Brief description of filing. (If filing follows ra Rate filing based on NCCI's approved actions.)	ates of an advisory organization,	
* Adjusted to reflect all prior rate change:	9	
** Change in Company's premium level w		
result from application of new rates.		
		National Union Fire Insurance
		Company of Pittsburgh, PA
		Name of Company
		Joseph Russo – Filings Analyst
		Official - Title
H29219D		
Annual of the latest and the latest	 1	
DIVIS LA OF INJURANCE STATE OF ILLIMOIS/IDEPR	" \	DIVISION OF INS
	1	DIVISION OF INS STATE OF ILLINO
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MAR 0 1 2006	1	Finit U 2:08
1		First 0 2006

SPRINGFIELD, ILLINOIS

SPRINGFIELD, ILLINOID

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Criange in Company's premium or rate level	produced by rate revision effective	1/1/06
(1)	(2) Annual Premium	(3) Percent
Coverage	<u>Volume (Illinois)*</u>	<u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage		
Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery	<u>-</u>	<u> </u>
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Worker's Compensation Line of Insurance	2,418,436	-0.60%
Does filing only apply to certain territory (teri		: At this time we would like to file
Brief description of filing. (If filing follows rate We are adopting NCCI's 1/1/06 loss costs a	es of an advisory organization, specify on not retaining our current loss cost multiple	rganization): ier of 1.314 for all classes except
8116.		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whic	h will result from application of new rate	s.
	Nationwide Ac	ribusiness Insurance Company
•	IVALIOTIWIDE AS	Name of Company
		Official – Title



SUMMARY SHEET

change in Company's premium or rate	level produced by rate revision effecti	ve March 1, 2006
(1)	(2)	(3)
(1)	Annual Premium	Percent
Cavarana		Change (+ or -)**
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)
Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
10. Extended Coverage 11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	<u> </u>	0.50
15. Other Workers' Compensation	\$1,008,606	6.59
Line of Insurance		
Does filing only apply to certain territ	ory (territories) or certain classes? If s	so, specify:
No		,,
	ows rates of an advisory organization,	, specify organization):
Rate filing based on NCCI's appro-	ved advisory loss costs.	
* Adjusted to reflect all prior rate cl	nanges	
** Change in Company's premium I		
result from application of new rat		
result from application of new rat	cs.	
		New Hampshire Insurance Company
	_	Name of Company
		January Dunna Piller August
	_	Joseph Russo – Filings Analyst Official - Title
H29219D		Omoidi - Tiug

STAYE C	C.F. INSURANCE FILLNOIS/IDEPR	

MAR 0 1 2006

EPRINCIPIELD, ILLINOIS

FORM RF-3

Chan	ge in Company's premium or rate level produced by rate revis	March 1, 2006	March 1, 2006	
	(1) Coverage	(2) Annual Premium Volume (Illinois)*		(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial	***************************************		
2.	Automobile Physical Damage Private Passenger Commercial			
3.	Liability Other Than Auto	1		
4.	Burglary and Theft Glass Fidelity Surety		_	
5.	Glass USION OF INDISTIDEPH			
6.	Fidelity DIVITATE OF ILL			
7.	Surety Boiler and Machinery Fire NinR 0 1 2006			
8.	Boiler and Machinery 0 1 2000		 –	
9.	Fire Piril	<u> </u>		
10.	Extended Coverage Inland Marine Homeowners SPRINGFIELD, ILLINOI	5		
11.	Inland Marine ORRINGFIELD.			
12.	Homeowners SPAIII			
13.	Commercial Multi-Peril			
14.	Crop Hail	304,789		3.20%
15. 16	Workers Compensation	304,763		J.2076
16.	Other Line of Insurance			
Does	filing only apply to certain territory (territories) or certain class	No.		
	description of filing (if filing follows rates of an advisory organicers Compensation loss costs and rating values p		Adoption of NC	
	plier from 1.685 to 1.600.			
TIOIL	Pilot 1.000 to 1.000.		· · · · · · · · · · · · · · · · · · ·	
*	Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from	application of new rates.		

NIPPONKOA Insurance Company

Name of Company

2nd Vice President

Official - Title

WC-IL-7

Printing 08/95

FORM RF-3

Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability	volume (minois)	Griatige († Gr.—)
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity	<u> </u>	
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	<u>\$610,796</u>	6.3%
16. Other		
Line of Insurance Does filing only apply to certain territory (territories	s) or certain classes? If so, specify	√A
Does filing only apply to certain territory (territories		
Does filing only apply to certain territory (territories Brief description of filing (if filing follows rates of a	n advisory organization, specify organiza	ntion) NorGUARD adopts the Advisory
Does filing only apply to certain territory (territories Brief description of filing (if filing follows rates of a	n advisory organization, specify organiza	ntion) NorGUARD adopts the Advisory
Does filing only apply to certain territory (territories Brief description of filing (if filing follows rates of a	n advisory organization, specify organization Insurance, Inc., Effective January 1, 200	ntion) NorGUARD adopts the Advisory
Does filing only apply to certain territory (territories Brief description of filing (if filing follows rates of al Rates as released by the National Council on Compension policies effective on and after February 1, 2006 * Adjusted to reflect all prior rate changes.	n advisory organization, specify organization Insurance, Inc., Effective January 1, 200	ntion) NorGUARD adopts the Advisory
Does filing only apply to certain territory (territories Brief description of filing (if filing follows rates of al Rates as released by the National Council on Compension policies effective on and after February 1, 2006 * Adjusted to reflect all prior rate changes.	n advisory organization, specify organization Insurance, Inc., Effective January 1, 200 fill result from application of new rates.	ntion) NorGUARD adopts the Advisory 6 per IL-2005-11 with +5% deviation for
Does filing only apply to certain territory (territories Brief description of filing (if filing follows rates of al Rates as released by the National Council on Compension policies effective on and after February 1, 2006 * Adjusted to reflect all prior rate changes.	n advisory organization, specify organization Insurance, Inc., Effective January 1, 200 fill result from application of new rates.	ntion) NorGUARD adopts the Advisory 16 per IL-2005-11 with +5% deviation for 16 orGUARD Insurance Company Name of Company Derhammer, Senior State Filings Rep

SUMMARY SHEET

	Change in Company's premium o revision effective	1/1/2006	
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		•
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		<u> </u>
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		·
14.	Crop Hail		
15.	Other Workers Compensation	0	+6.30%
	Line of Insurance		
	Does filing only apply to certain territor classes? If so, specify: Per NCCI	ry (territories) or certain	
	Brief description of filing. (If filing fol organization, specify organization):	lows rates of an advisory Adoption of NCCI's Voluntar	y Market Rates and
	Rating Values.		
	* Adjusted to reflect all prior rate c	hanges	

** Change in Company's premium level which will result from application of new rates.

North American Elite Insurance Company
Name of Company

......

Alsa Shih - State Filings Coordinator

Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2006

SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective February 1, 2006 New; March 1, 2006 Renewal.

	(1) Coverage	(2) Annual Premium Volume (Illinois)#	(3) Percent Change (+ or -)**
2.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than April		
4. 5. 6. 7. 8. 9. 10. 11. 12. 13.	Private Passenger Commercial Liability Other Than Aprols'ON OF INCURANCE Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril		
14. 15.	Other Workers Compensation Line of Insurance	\$42,002,804	+7.3%
spec Brie	filing only apply to certain territory (terriify: No f description of filing. (If filing follows residue): Adopt NCCI Rate Revision		
**Ch	justed to reflect all prior rate changes. ange in Company's premium level which will sult from application of new rates.		·
		PEKIN INSURANCE CO	MPANY

R.M. McGann - Directory of Pricing & Regulatory Filings, Assistant Secretary

Name of Company

SUMMARY SHEET

	Change in Company's premium or rate lev	vel produced by rate revision effective	March 1, 2006 New May 1, 2006 Renewal
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger		
•	Commercial		
3.	Liability Other Than Auto		
4. 5.	Burglary and Theft Glass		
5. 6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage	* ****	
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation Line of Insurance	\$653,355	-0.8%
Does No	filing only apply to certain territory (territo	ories) or certain classes? If so, specify:	
	description of filing. (If filing follows rate otion of January 1, 2006 NCCI loss co		
* A ** C	djusted to reflect all prior rate changes. hange in Company's premium level which esult from application of new rates.	VISION OF INSURANCE STATE OF ILLINOIS/IDEPR	. 10 101 10
			Insurance Company ame of Company
	L		

Tracy Yokimishyn - Actuarial Assistant
Official - Title

Chan	ge in Company's premium or rate	level produced by rate revisio	n effective	March 1, 2006	
	(1) Coverage		(2) Annual Premium Volume (Illinois)*		(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial				
2.	Automobile Physical Damage Private Passenger Commercial			<u> </u>	
3.	Liability Other Than Auto		<u></u>		· · · · · · · · · · · · · · · · · · ·
4.	Burglary and Theft				
5.	Glass				***************************************
6.	Fidelity				
7.	•				
8.	Boiler and Machinery	CELISURANCE			
9.	Fire D'	NIP OF ILLY DISHOUTH		_	
10.	Extended Coverage	VISION OF LIGURANO STATE OF ILLINOISHUE PA			
11.	Inland Marine	MAR 0 1 2006			
12.	Homeowners	MAR U I LOGO			
13.	Commercial Multi-Peril	1.0	-:0	_	
14.	Crop Hail	TELD, ILLIN	Olo	_	
15.	Workers Compensation	SPRINGFIELD, ILLIN	1,007,025		3.30%
16.	Other				
	Line of Insuranc	e		_	
Does	filing only apply to certain territor	y (territories) or certain classe:	s? If so, specify	No.	
Worl	description of filing (if filing follows kers Compensation loss co plier from 2.443 to 2.400.			Adoption of NC -11. Reduce the lo	
					
*	Adjusted to reflect all prior rate Changes in Company's premiur	_	pplication of new rates.		
			Phoenix Insurance Co	_ ' _ '	
			Na	ame of Company	
			Being &	bH 2	and Vice President
				Official - Title	

FORM RF-3

(1) Coverage	(2) (3) Annual Premium Percent
1. Automobile Liability	Volume (Illinois)* Change (+ or -)**
Private Passenger	
Commercial	
2. Automobile Physical Damage	
Private Passenger	
Commercial	
3. Liability Other than Auto	
4. Burglary and Theft	
5. Glass	
6. Fidelity	
7. Surety	
8. Boiler and Machinery	
9. Fire	
10. Extended Coverage 11. Inland Marine	
12. Homeowners	
13. Commercial Multi-Peril	<u></u>
14. Crop Hail	
	40.0E7
15. Workers Compensation	19,057 +6.3
	19,057 +6.3
15. Workers Compensation 16. Other Line of Insurance	es) or certain classes? If so, specify No
15. Workers Compensation 16. Other Line of Insurance Does filing only apply to certain territory (territor Brief description of filing (if filing follows rates of	es) or certain classes? If so, specify No

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate is	evel produced by rate revision effective	02/01/2006
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+_or -)**
<u>0010.040</u>	<u> </u>	<u> </u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
B. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	4.930,349	9.61%
Line of Insurance	-,000,040	3.0170
Does filing only apply to certain territory ((territories) or certain classes? If so, specify: _	
No	, , , , , ,	
Brief description of filing, (If filing follow	s rates of an advisory organization, specify	organization): Adopt the January 1.
	Rates filed by the National Council on Compe	
1, 2006.		
		-
'Adjusted to reflect all prior rate changes		
	hich will result from application of new rates.	
onango m company o promisim reter m		
	Regent	Insurance Company
		ame of Company
		• •
	Sara Zastrow - R	ate Development Technician
		Official - Title

DIVIE N. C.F. MOURANCE STALE OF ILLINOIS/IDEPR

SPRINGFIELD, ILLINOIO

FORM RF-3

(2)

Change in Company's premium or rate level produced by rate revision effective	1/1/2006

Coverage		Annual Premium Volume (Illinois)*	Percent Change (+ or –)**	
Automobile Liability Private Passenger				
Commercial				
2. Automobile Physical Da Private Passenger	mage			
Commercial		•••		
3. Liability Other than Auto	1			
Burglary and Theft			to the second se	
5. Glass				
6. Fidelity				
7. Surety				
8. Boiler and Machinery				
9. Fire	DIVISION OF INCURANCE STATE OF ILLMOIS/IDEPR			
10. Extended Coverage	STATE OF ICCIONS/IDEA			
11. Inland Marine				
12. Homeowners	JAN 01 2006			
13. Commercial Multi-Peril	JAN 0 1 2000			
14. Crop Hail		44 600 000		
 Workers Compensation Other 	SPRINGFIELD, ILLINOIS	\$1,600,000	+ 6.3%	
Line of Insuran				
Does filing only apply to cert	ain territory (territories) or certain cla	sses? If so, specify No		
Brief description of filing /if fi	ling follows rates of an advisory orga	pization, specify organiza	ation) Adoption of NCCT	_
pliet description of ming (ii ii	ing follows rates of all advisory orga	mzation, specify organiza	Adoption of NULL	
<u>Advisory Rates as a</u>	approved by Circular IL-	-2005-11. iseu	(11)	
·	· ·			
	_			
ile toeffect at hotelia * *	nrior rate changes			

(1)

Adjusted to reflect all prior rate changes.

Change in Company's premium level which will result from application of new rates.

Reinsurance Company of America, Inc.

(3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	vel produced by rate revision effective	January 1, 2006
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		
Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Comp.</u> Line of Insurance	\$100,000 estimated	+6.3%
Brief description of filing. (If filing follows	territories) or certain classes? If so, specify rates of an advisory organization, specify or 2006, revision of expense constant and machange for DTEC and foreign terrorism.	rganization): Adoption of NCCI
*Adjusted to reflect all prior rate changes. **Change in Company's premium level with	hich will result from application of new rates	S
	Sofoty E	irst Insurance Company
		Name of Company
	Marilyn Tinnell,	CPCU Compliance Manager Official Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	vel produced by rate revision effective	January 1, 2006
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
. Automobile Liability Private		
Passenger Commercial	.	
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
5. Fidelity		
7. Surety		
B. Boiler and Machinery		
9. Fire		
Extended Coverage		
1. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
l 4. Crop Hail		
5. Other <u>Workers' Comp.</u> Line of Insurance	\$1,500,000 estimated	+6.3%
Brief description of filing. (If filing follows a	territories) or certain classes? If so, specify rates of an advisory organization, specify or 2006, renewal of current company rate defing of company exception rule to indicate	ganization): Adoption of NCCI
CITOTISTIT.		
'Adjusted to reflect all prior rate changes '*Change in Company's premium level w	hich will result from application of new rates	i.
	Safaty Nati	onal Casualty Corporation
	Galety Nati	Name of Company
	Marilyn Tinnell,	CPCU Compliance Manager Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 01 2006

SPRINGFIELD, ILLINOIS

	r	
Form (RF-3)	SUMMARY SHEET	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR
Change in Company's premiurevision effective 02/01/		FEB 0 1 2006 d by rate springfield, illinois
(1)	(2) Annual Premium	Percent
Coverage	Volume (Illinois) *	<u>Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation Line of Insurance	4,710,800	<u> </u>
Does filing only apply to certain If so, specify: no	territory (territories	or certain classes?
Brief description of filing. (If organization, specify organization.) Advisory Rates with no deviation.		
Advisory Races with no deviation.		
* Adjusted to reflect all prior : ** Change in Company's premium lever result from application of new	vel which will	Mutual Company

Robert Bauman - official
Official - Title

Name of Company

H29219D

SUMMARY SHEET

(Change in Company's premium or rate	level produced by rate revision effective	ve January 1, 2006
	(1)	(2)	(3)
	(-)	Annual Premium	Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage	_	
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Worker's Compensation	\$14,175,000	+6.7%
15.	Line of Insurance	<u> </u>	
	ling only apply to certain territory (ter	ritories) or certain classes? If so, speci	ny.
Brief d	escription of filing. (If filing follows	rates of an advisory organization, speci	fy organization):
	tion of NCCI advisory rates effective		, ,
	<u> </u>		
* Ac	ljusted to reflect all prior rate changes	E \	
** Cl	ange in Company's premium level w	ich wil l	
res	sult from application of new rates	1	
	U.S. La William COOR	\	
	1 3,000	\	
	1 0700	\	
	1 7:4.4	3 \ <u></u>	ciety Insurance
			Name of Company
		<i>—</i> -	
	SPF"		
	JAW 01 2006		177 0.0077 1
		<u>Ch</u>	ad Thurn, Staff Underwriter
			Official - Title
12921	עפ		

Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Their Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Mutil-Paril Workers Compensation Other Line of Insurance es filling only apply to certain territory (territories) or certain classes? If so, specify organization) orkers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost ultiplier from 1,993 to 1,920. Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from application of new rates. St. Paul Fire & Marine Insurance Company Name of Company	hange in Company's premium or rate level produced by ra	ate revision effective	March 1, 20	006
Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theit Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Corp Hail Workers Compensation Other Line of Insurance es filling only apply to certain territory (territories) or certain classes? If so, specify organization) orkers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost ultiplier from 1.993 to 1.920. Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from application of new rates. St. Paul Fire & Marine Insurance Company Name of Company		Annual Premium		Percent
Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theit Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Corp Hail Workers Compensation Other Line of Insurance es filling only apply to certain territory (territories) or certain classes? If so, specify organization) orkers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost ultiplier from 1.993 to 1.920. Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from application of new rates. St. Paul Fire & Marine Insurance Company Name of Company	Assaurabilia I tabiliba			
Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Surety Boiler and Machinery Fire Lextended Coverage Inland Marine Homeowners Commercial Multi-Paril Workers Compensation Other Line of Insurance set filing only apply to certain territory (territories) or certain classes? If so, specify and description of filing (if filing follows rates of an advisory organization, specify organization) Orkers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost Ultiplier from 1.993 to 1.920. Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from application of new rates. St. Paul Fire & Marine Insurance Company Name of Company Name of Company				
Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Paril Crop Hail Workers Compensation Other Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify or description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved orkers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost utiliplier from 1.993 to 1.920. Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from application of new rates. St. Paul Fire & Marine Insurance Company Name of Company Name of Company Name of Company	·			
Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Inland Marine Inland Marine Crop Hail Workers Compensation Other Line of Insurance es filing only apply to centain territory (territories) or centain classes? If so, specify and description of filing (if filing follows rates of an advisory organization, specify organization) Orkers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost Ultiplier from 1.993 to 1.920. Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from application of new rates. St. Paul Fire & Marine Insurance Company Name of Company Name of Company Name of Company				
Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Inland Marine Homeowners Commercial Multi-Peril Corp Hail Workers Compensation Other Line of Insurance es fitting only apply to certain territory (territories) or certain classes? If so, specify Mo. Adoption of NCCI approved orkers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost ultiplier from 1.993 to 1.920. Adjusted to reflect all prior rate changes Changes in Company's premium level which wilt result from application of new rates. St. Paul Fire & Marine Insurance Company Name of Company	, -		_	
Boiler and Madninery Fire Extended Coverage Inland Marine Horneowners Commercial Multi-Peril Workers Compensation Utine of Insurance es fiting only apply to certain territory (territories) or certain classes? If so, specify Mo. Horneowners Workers Compensation Adoption of Rilling (if filling follows rates of an advisory organization, specify organization) Adoption of NCCI approved orkers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost ultiplier from 1.993 to 1.920. Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from application of new rates. St. Paul Fire & Marine Insurance Company Name of Company Name of Company And Vice President	_	1		
Boiler and Madninery Fire Extended Coverage Inland Marine Horneowners Commercial Multi-Peril Workers Compensation Utine of Insurance es fiting only apply to certain territory (territories) or certain classes? If so, specify Mo. Horneowners Workers Compensation Adoption of Rilling (if filling follows rates of an advisory organization, specify organization) Adoption of NCCI approved orkers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost ultiplier from 1.993 to 1.920. Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from application of new rates. St. Paul Fire & Marine Insurance Company Name of Company Name of Company And Vice President	. Liability Other Than Auto	\		
Boiler and Madninery Fire Extended Coverage Inland Marine Horneowners Commercial Multi-Peril Workers Compensation Utine of Insurance es fiting only apply to certain territory (territories) or certain classes? If so, specify Mo. Horneowners Workers Compensation Adoption of Rilling (if filling follows rates of an advisory organization, specify organization) Adoption of NCCI approved orkers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost ultiplier from 1.993 to 1.920. Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from application of new rates. St. Paul Fire & Marine Insurance Company Name of Company Name of Company And Vice President	. Burglary and Theft OF INSURPR			
Boiler and Madninery Fire Extended Coverage Inland Marine Horneowners Commercial Multi-Peril Workers Compensation Utine of Insurance es fiting only apply to certain territory (territories) or certain classes? If so, specify Mo. Horneowners Workers Compensation Adoption of Rilling (if filling follows rates of an advisory organization, specify organization) Adoption of NCCI approved orkers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost ultiplier from 1.993 to 1.920. Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from application of new rates. St. Paul Fire & Marine Insurance Company Name of Company Name of Company And Vice President	Glass GUISION OF ILLINO	\		
Boiler and Madninery Fire Extended Coverage Inland Marine Horneowners Commercial Multi-Peril Workers Compensation Utine of Insurance es fiting only apply to certain territory (territories) or certain classes? If so, specify Mo. Horneowners Workers Compensation Adoption of Rilling (if filling follows rates of an advisory organization, specify organization) Adoption of NCCI approved orkers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost ultiplier from 1.993 to 1.920. Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from application of new rates. St. Paul Fire & Marine Insurance Company Name of Company Name of Company And Vice President	Fidelity DISTATE DIE		<u> </u>	
Boiler and Madninery Fire Extended Coverage Inland Marine Horneowners Commercial Multi-Peril Workers Compensation Utine of Insurance es fiting only apply to certain territory (territories) or certain classes? If so, specify Mo. Horneowners Workers Compensation Adoption of Rilling (if filling follows rates of an advisory organization, specify organization) Adoption of NCCI approved orkers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost ultiplier from 1.993 to 1.920. Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from application of new rates. St. Paul Fire & Marine Insurance Company Name of Company Name of Company And Vice President	. Surety = 0.1.2000			
Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers Compensation Uther Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify No. ef description of filing (if filing follows rates of an advisory organization, specify organization) orkers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost ultiplier from 1.993 to 1.920. Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from application of new rates. St. Paul Fire & Marine Insurance Company Name of Company Name of Company And Vice President	. Boiler and Machinery	-ie \		
Compercial Multi-Peril Crop Hail Workers Compensation United Insurance Esting only apply to certain territory (territories) or certain classes? If so, specify No. Adoption of NCCI approved orkers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost ultiplier from 1.993 to 1.920. Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from application of new rates. St. Paul Fire & Marine Insurance Company Name of Company Name of Company Add Vice President Add Vice President	. Fire	019		
Compercial Multi-Peril Crop Hail Workers Compensation United Insurance Esting only apply to certain territory (territories) or certain classes? If so, specify No. Adoption of NCCI approved orkers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost ultiplier from 1.993 to 1.920. Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from application of new rates. St. Paul Fire & Marine Insurance Company Name of Company Name of Company Add Vice President Add Vice President). Extended Coverage			
Compercial Multi-Peril Crop Hail Workers Compensation United Insurance Esting only apply to certain territory (territories) or certain classes? If so, specify No. Adoption of NCCI approved orkers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost ultiplier from 1.993 to 1.920. Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from application of new rates. St. Paul Fire & Marine Insurance Company Name of Company Name of Company Add Vice President Add Vice President	. Inland Marine SPRING			
Crop Hail Workers Compensation Other Line of Insurance es fitting only apply to certain territory (territories) or certain classes? If so, specify Mo. ef description of filling (if filling follows rates of an advisory organization, specify organization) Orkers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost ultiplier from 1.993 to 1.920. Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from application of new rates. St. Paul Fire & Marine Insurance Company Name of Company Name of Company And Vice President	Homeowners			
Workers Compensation Other Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify Mo. ef description of filing (if filing follows rates of an advisory organization, specify organization) Orkers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost ultiplier from 1.993 to 1.920. Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from application of new rates. St. Paul Fire & Marine Insurance Company Name of Company Name of Company And Vice President	. Commercial Multi-Peril		- 	
Cother Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify ef description of filing (if filing follows rates of an advisory organization, specify organization) orkers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost ultiplier from 1.993 to 1.920. Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from application of new rates. St. Paul Fire & Marine Insurance Company Name of Company Add Vice President	·			4.700/
es filing only apply to certain territory (territories) or certain classes? If so, specify ef description of filing (if filing follows rates of an advisory organization, specify organization) orkers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost ultiplier from 1.993 to 1.920. Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from application of new rates. St. Paul Fire & Marine Insurance Company Name of Company And Vice President	. Workers Compensation	41,285,872		4.70%
es filing only apply to certain territory (territories) or certain classes? If so, specify No. ef description of filing (if filing follows rates of an advisory organization, specify organization) orkers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost ultiplier from 1.993 to 1.920. Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from application of new rates. St. Paul Fire & Marine Insurance Company Name of Company Name of Company 2nd Vice President). Other			
ef description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved orkers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost ultiplier from 1.993 to 1.920. Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from application of new rates. St. Paul Fire & Marine Insurance Company Name of Company 2nd Vice President	Line of Insurance			
orkers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost ultiplier from 1.993 to 1.920. * Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from application of new rates. St. Paul Fire & Marine Insurance Company Name of Company 2nd Vice President	oes filing only apply to certain territory (territories) or certa	ain classes? If so, specify	No.	
orkers Compensation loss costs and rating values per NCCI Circular IL-2005-11. Reduce the loss cost ultiplier from 1.993 to 1.920. * Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from application of new rates. St. Paul Fire & Marine Insurance Company Name of Company 2nd Vice President	int description of filing (if filing follows rates of an advison	v organization, specify organization)	Adoption o	f NCCI approved
Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from application of new rates. St. Paul Fire & Marine Insurance Company Name of Company 2nd Vice President	Aprilers Compensation loss costs and rating va	alues per NCCI Circular IL-2005		
Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from application of new rates. St. Paul Fire & Marine Insurance Company Name of Company 2nd Vice President			·	
Changes in Company's premium level which will result from application of new rates. St. Paul Fire & Marine Insurance Company Name of Company 2nd Vice President	displier from 1.550 to 1.525.			· · · · · ·
Changes in Company's premium level which will result from application of new rates. St. Paul Fire & Marine Insurance Company Name of Company 2nd Vice President				
St. Paul Fire & Marine Insurance Company Name of Company 2nd Vice President	* Adjusted to reflect all prior rate changes			
Name of Company 2nd Vice President	Changes in Company's premium level which will res	sult from application of new rates.		
Name of Company 2nd Vice President		St. Paul Fire & Marine	Insurance Cor	npany
			_	
		Audall -		2nd Vice President
		N CHI	Official - Title	Zilu vice Fresident

Change in Company's premium or rate level produced by rate revision effective			March 1, 2006	
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**	
1.	Automobile Liability Private Passenger Commercial			
2.	Automobile Physical Damage Private Passenger Commercial			
3. 4. 5.	Burglary and Theft Glass Fidelity Surety	ICE		
6. 7. 8.	Boiler and Machinery MAR U 1 2000			
9. 10. 11. 12.	Fire Extended Coverage Inland Marine Homeowners Fire SPRINGFIELD, ILL SPRINGFIELD, ILL	INOIS		
13. 14. 15.	Commercial Multi-Peril Crop Hail Workers Compensation	3,395,959	12.90%	
16.	Other Line of Insurance			
Does	filling only apply to certain territory (territories) or certain	ain classes? If so, specify	No.	
Wor	description of filing (if filing follows rates of an advisor kers Compensation loss costs and rating va iplier from 1.395 to 1.440.		Adoption of NCCI approved Increase the loss cost	
_			-	
*	Adjusted to reflect all prior rate changes Changes in Company's premium level which will re	sult from application of new rates.		
		St. Paul Guardian Insurane	ce Company of Company	
		Bei Heff	2nd Vice President	

Chang	ge in Company's premium or rate level produced by rate revision	on effective	March 1, 2006	
	(1) Coverage	(2) Annual Premium Volume (Illinois)*		(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial			
2.	Automobile Physical Damage Private Passenger Commercial	, , , , , , , , , , , , , , , , , , ,	_ _ _	
3. 4. 5. 6. 7.	Burglary and Theft Glass DIVISION OF INSURANCE Fidelity Surety Boiler and Machinery MAR 0 1 2006			
9. 10. 11. 12. 13.	Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail			
15. 16.	Workers Compensation Other	15,431,239	 - 	3.60%
Does	Line of Insurance filing only apply to certain territory (territories) or certain classe	s? If so, specify	No.	
Worl	description of filing (if filing follows rates of an advisory organiza kers Compensation loss costs and rating values per iplier from 1.694 to 1.600.			NCCI approved e loss cost
	P		·	
*	Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from a	application of new rates.		
		St. Paul Mercury Insur	ance Company me of Company	
		Bui All	Official - Title	2nd Vice President

FORM RF-3

	(1)	(2) Annual Premium		(3)
	Coverage	Volume (Illinois)*		Percent Change (+ or -)**
1. AL	utomobile Liability Private Passenger Commercial		_	
2. Au	utomobile Physical Damage Private Passenger Commercial	1284		
3. Lia	ability Other Than Auto			
4. Bu	urglary and Theft			
	ass			
	delity			
	urety			
3. Bo	oiler and Machinery			
9. Fi	orier and Machinery re Attended Coverago IVISION OF INSURANCE Attended Coverago IVISION OF ILLINOIS/IDFPH STATE OF ILLINOIS/IDFPH On 1 2006			
0. Ex	ktended Coverage IVISIU OF ILLINOIS -	·		
1. Inf	iand Marine			
2. Ho	omeowners ommercial Multi-Peril MAR 0 1 2006			
	ommercial Multi-Peril MAR U 1 2000	· · · · · · · · · · · · · · · · · · ·		-
	rop Hall	18,125		5.30%
	orkers Compeniation	10,123		3.30 /6
6. Ot	Line of Insurance			
oes filing	g only apply to certain territory (territories) or certain classes?	If so, specify	No.	
oes min	g only apply to certain territory (territories) or certain discusses.			
	cription of filing (if filing follows rates of an advisory organization			ICCI approved
	s Compensation loss costs and rating values per	NCCI Circular IL-2005	i-11. Reduce the	loss cost
nultiplie	er from 1.993 to 1.920.			

St. Paul Protective Insurance Company

Name of Company

2nd Vice President

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
	bile Liability Private		
	senger Commercial		
	bile Physical Damage		
Priv	ate Passenger Commercial		
Liability	Other Than Auto		
-	y and Theft		
Glass	-		
Fidelity			
Surety			
-	nd Machinery		
. Fire	<u>.</u>		
	ed Coverage		
1. Inland I			
2. Homeo			
	ercial Multi-Peril		
4. Crop H			
	Vorkers Compensation	\$275,896 (11 mo. Of 2005 Annualized)	plus 6.3%
	Line of Insurance	#270,000 (11 His. 01 2000 / Historia	
	Elito of modiano		
oes filina (only apply to certain territory (territories) or certain classes? If so, specify:	
oes filing (only apply to certain territory (territories) or certain classes? If so, specify:	
		territories) or certain classes? If so, specify: rates of an advisory organization, specify org	anization):
rief descri		rates of an advisory organization, specify org	anization):
Brief descri	otion of filing. (If filing follows	rates of an advisory organization, specify org	anization):
Brief descrip lational Coun	otion of filing. (If filing follows	rates of an advisory organization, specify org Rate and Rating Value Change.	anization):
rief descripational Count	otion of filing. (If filing follows iii On Compensation Insurance, Inc. iii reflect all prior rate changes	rates of an advisory organization, specify org Rate and Rating Value Change.	anization):
rief descripational Coun	otion of filing. (If filing follows iii On Compensation Insurance, Inc. iii reflect all prior rate changes	rates of an advisory organization, specify org Rate and Rating Value Change.	anization):
rief descripational Coun	otion of filing. (If filing follows iii On Compensation Insurance, Inc. iii reflect all prior rate changes	rates of an advisory organization, specify org Rate and Rating Value Change. hich will result from application of new rates.	
Brief descriptional Countries Adjusted to	otion of filing. (If filing follows iii On Compensation Insurance, Inc. iii reflect all prior rate changes	rates of an advisory organization, specify org Rate and Rating Value Change. Thich will result from application of new rates. Standard Mutual Insurance C	Company
rief descripational Count	otion of filing. (If filing follows iii On Compensation Insurance, Inc. iii reflect all prior rate changes	rates of an advisory organization, specify org Rate and Rating Value Change. Thich will result from application of new rates. Standard Mutual Insurance C	
Frief descriptional Countries	otion of filing. (If filing follows iii On Compensation Insurance, Inc. iii reflect all prior rate changes	rates of an advisory organization, specify org Rate and Rating Value Change. Thich will result from application of new rates. Standard Mutual Insurance C	Company
rief descripational Coun	otion of filing. (If filing follows iii On Compensation Insurance, Inc. iii reflect all prior rate changes	rates of an advisory organization, specify org Rate and Rating Value Change. Thich will result from application of new rates. Standard Mutual Insurance C	Company

Larry L. Boehm, CPGU DIVISION OF INSURANCE Assistant Underwriting Managere of ILLINOIS/IDFPR

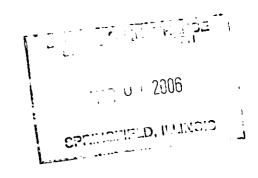
JAN 0 1 2006

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level	3-1-06	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>
1 Automobile Liebility Drivete		
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage		
Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
9. Fire		
10. Extended Coverage		•
11. Inland Marine		·
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Work Comp Line of Insurance	2,237,787	+6.6%
Does filing only apply to certain territory (terrates with deviations for five class codes. Brief description of filing. (If filing follows rate		
	s of all advisory organization, specify o	•
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	Star	s. Insurance Company Name of Company President, Compliance Official – Title



SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective $\frac{01}{01}$ 2006 .

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change $(+ or -)**$
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial 		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery 9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail 15. Other Workers Compensation	2,524,857	+8.1%
& Employers Liability	2,324,037	70.1°
Line of Insurance		
Does filing only apply to certain If so, specify: N/A Brief description of filing. (If	······································	
organization, specify organization		
01/01/2006.		
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	rel which will	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR
		SPRINGFIELD, ILLINOIS
TRA	NSGUARD INSURANCE COMPANY	OF AMERICA, INC.
	Name of Compa	nny
Glor	ia A. Goldbranson, FLMI Leader	
H29219D	Official - Ti	tle

FORM RF-3

hange in Company's premium or rate level produced by rate r	evision effective	March 1, 200	06
(1) Coverage	(2) Annual Premium Volume (Illinois)*		(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machiner DIVISION OF ILLINO SIDEPR 9. Fire 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Workers Compensation 6. Other	1		4.90%
Line of Insurance oes filing only apply to certain territory (territories) or certain of	classes? If so, specify	No.	- 1
rief description of filing (if filing follows rates of an advisory or Vorkers Compensation loss costs and rating value nultiplier from 2.106 to 2.080.	ganization, specify organization) es per NCCI Circular IL-2005		NCCI approved loss cost

Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Travelers Casualty & Surety Company

Name of Company

2nd Vice Presiden

Official - Title

Change in Company's premium or rate level produced by rate revision effective			March 1, 2006	
	(1) Coverage	(2) Annual Premium Volume (Illinois)*		(3) Percent Change (+ or -)**
1.	Automobile Liability			
	Private Passenger			<u> </u>
	Commercial			
2.	Automobile Physical Damage			
	Private Passenger			
_	Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			· · · · · · · · · · · · · · · · · · ·
5.	Burglary and Theft Glass Fidelity DIVISION OF ILLINOISIDEPH Surety Boiler and Machinery of 12006			<u> </u>
6. 7	Fidelity DIVITATE OF THE PROPERTY OF THE PROPE		-	
7. 8.	Surety 0.1 2006			· · · · · · · · · · · · · · · · · · ·
o. 9.				
9. 10.	Extended Coverage			
11.	Extended Coverage Inland Marine Homeowners SPRINGFIELD, ILLINOIS			
12.	Homeowners SPRINGT			
13.	Commercial Multi-Deni			
14.	Crop Hail	···		
15	Workers Compensation	82,151,246		10.80%
16.	Other			
	Line of Insurance			
Does	filing only apply to certain territory (territories) or certain classe	es? If so, specify	No.	
Wor	description of filing (if filing follows rates of an advisory organiz kers Compensation loss costs and rating values per iplier from 1.896 to 1.920.	ration, specify organization) er NCCI Circular IL-2005	Adoption of NC 5-11. Increase the I	
*	Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from	Travelers Indemnity C	ame of Company	2nd Vice President
			Official - Title	

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective			March 1, 2006	
	(1) Coverage	(2) Annual Premium Volume (Illinois)*		(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		_	
 3. 	Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto			
3. 4.	Burglary and Theft			
♣. 5.	Glass			
6.				
7.	Surety SURAN	CE -	- 	
8.	Boiler and Machinery DIVISION OF INSURAN Fire Extended Coverage	PR		
9.	Fire STATE OF LEGISLAND			
10.	Extended Coverage		···-	
11.	Extended Coverage Inland Marine MAR 0 1 2006			
12.	Homeowners			
13.	Commercial Multi-Peril Crop Hail Wasters Companyation	INOIS		
14.	Crop Hail SPRINGFIELD,			
15.	Workers Compensation	5,372,343	·	1.10%
16.	Other			
	Line of Insurance			
Does	filing only apply to certain territory (territories) or certain c	lasses? If so, specify	No.	
Wor	description of filing (if filing follows rates of an advisory org kers Compensation loss costs and rating value iplier from 1.685 to 1.600.			NCCI approved loss cost
*	Adjusted to reflect all prior rate changes Changes in Company's premium level which will result f	from application of new rates.		
		Travelers Indemnity C	omnany of Amer	ica
			ame of Company	NGC
		INA	and or company	

WC-IL-7

Printing 08/95

FORM RF-3

Chan	ge in Company's premium or rate lev	oduced by rate revision effective	March 1, 200	6
	(1)	(2) Annual Premium		(3) Percent
	Coverage	Volume (Illinois)*		Change (+ or -)**
1.	Automobile Liability			
	Private Passenger		<u> </u>	
2.	Commercial Automobile Physical Damage	***************************************		
	Private Passenger	-		
	Commercial			
3.	Liability Other Than Auto		_	
4.	Burglary and Theft	- CF		
5.	Glass	NOF INSUFFICE OF ILLINOIS, IDEPPR = 0 (L. S. E.)	<u></u>	
3 .	Fidelity DIV	OF ILLNOIS ID		
7.	Surety		<u> </u>	
3.	Boiler and Machinery	1AR 0 1 2006	_	
€.	Fire	MAR U I ZUUU		
0.	Extended Coverage			
1.	Inland Marine	INGFIELD, ILLINOIS		
2.	Homeowners	INGFIELD		
3.	Commercial Multi-Peril			
4.	Crop Hail	<u> </u>	<u> </u>	
5.	Workers Compensation	3,157,987	_	6.20%
6.	Other			
	Line of Insurance			
			Al-	
oes	filing only apply to certain territory (to	ries) or certain classes? If so, specify	No.	
,	to a dealer of Eller (If Eller Fallers and		Adaption of N	ICCI approved
		of an advisory organization, specify organization)		
vor		d rating values per NCCI Circular IL-2005-	- i i . Reduce the	1055 COST
- 1:	plier from 1.601 to 1.600.			

Travelers Indemnity Company of Connecticut

Name of Company

Changes in Company's premium level which will result from application of new rates.

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective			March 1, 2006	
	(1)	(2) Annual Premium		(3) Percent
	Coverage	Volume (Illinois)*		Change (+ or -)**
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers Compensation	38,131,582		-4.20%
16.	Other			
Does	Line of Insurance filing only apply to certain territory (territories) or certain cla	sses? If so, specify	No.	
Wor	description of filing (if filing follows rates of an advisory orga kers Compensation loss costs and rating values iplier from 1.601 to 1.440.	nization, specify organization) per NCCI Circular IL-2005		NCCI approved e loss cost

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Travelers Property Casualty Company of America

Name of Company

2nd Vice President

Official - Title

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate leve	el produced by rate revision effective	January 1, 2006
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
. Automobile Liability Private		
Passenger Commercial		
. Automobile Physical Damage		
Liability Other Than Auto		
. Burglary and Theft		
5. Glass		
5. Fidelity		
′. Surety		
. Boiler and Machinery		
. Fire		
Extended Coverage		
1. Inland Marine		
2. Homeowners		
3. Commercial Multi-Peril		
4. Crop Hail		
5. Other Workers' Compensation	1,269	-4.3%
	rritories) or certain classes? If so, specify: rates of an advisory organization, specify	
Adjusted to reflect all prior rate changes. *Change in Company's premium level whi	ch will result from application of new rates.	
The state of the s		
	Trinity	/ Universal Ins. Co.
		lame of Company
		Jon Zetlau
		Official - Title

DIVISION OF INSURANCE STATE OF ILLE OF ILLE OF ILLE OF ILLE OF ILLE OF IT IN IT IS I JAN U 1 2006 SPRINGFIELD, ILLINOIS

Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)***
ι.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other than Auto		·
4.	Burglary and Theft		
5.	Glass		
ź.	Fidelity		
1.	Surety DIVISION OF INSUI Boiler and Machinery STATE OF ILLINOIS/II Fire		
١.	Boiler and Machinery STATE OF ILLINOIS	RANCE	
).	Fire Fire	DFPR -	
).			
١.	Inland Marine JAN 0 1 2006	S	
2.	Homeowner	1	
3.	Commercial Nulti-SPRINGFIELD, ILLIN		·
\$.	Crop Hail	NOIS	
5.	Workers Compensation	29,853,862	6.3% +
.	Other		
	Line of Insurance		·

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adopting the rates contained in NCCI circular IL-2005-09 by reference and intends to apply without deviation

the rates, minimum premiums, and supplementary rate information found within effective January 1, 2006.

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

United Wisconsin Insurance Co.
Name of Company

Official - Title

David R. Korpal - Sr. Data Analyst

WC-IL-7

Printing 8/95

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**	
Automobile Liability Private Passenger Commercial Automobile Physical Damage			
Private Passenger Commercial 3. Liability Other than Auto			
4. Burglary and Theft 5. Glass DIVISION OF INSURANCE 6. Fidelity 7. Surety			
7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage			
11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril			
14. Crop Hail 15. Workers Compensation 16. Other Line of Insurance	3,331,874	6.91	
Does filing only apply to certain territory (territories) or certain only apply to certain territory (territories) or certain only apply to certain only apply apply to certain only apply to certain only apply apply to certain only apply	classes? If so, specify	· 	
Brief description of filing (if filing follows rates of an advisory or Adoption of NCCI rates, Effective 1/1,		ation)	
Adjusted to reflect all prior rate changes.			
** Change in Company's premium level which will result from a		iner Insurance Company	
		Name of Company	
	Tina Kan	mpwerth - Senior Compliance	e Coord
		Official — Title	

.. Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
. Homeowners		
. Commercial Multi-Peril		
Crop Hail		
Other Workers' Compensation Line of Insurance	113,857,529	+6.3%
es filing only apply to certain territory (terri	ories) or certain classes? If so, specify:	
ef description of filing. (If filing follows rates	of an advisory organization, specify orga	nization):
		· · · · · · · · · · · · · · · · · · ·
ljusted to reflect all prior rate changes. hange in Company's premium level which	will result from application of new rates.	
	• •	
		urety Company, Inc.
	Nar	ne of Company

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

JAN 01 2006

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(2) Annual Premium	(3) Percent
Volume (Illinois)*	Change (+ or -)**
-	
\$6,640,988	+6.3%
tes of an advisory organization, specify	organization): Filing to adopt NCCI 1-1
ch will result from application of new rate	9 \$.
Wausau B	usiness Insurance Company
	Name of Company
Debra Rothmeyer	State Filings Analyst Official – Title
	\$6,640,988 erritories) or certain classes? If so, specife ates of an advisory organization, specify ation. ich will result from application of new rate Wausau B

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate lev	vel produced by rate revision effective	1/1/2006
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial 2. Automobile Physical Damage		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass 3. Fidelity		
7. Surety		
B. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	\$2,709,379	+6.3%
Does filing only apply to certain territory (t	erritories) or certain classes? If so, specify:	
Brief description of filing. (If filing follows r 2006 advisory rates with a -10% company	ates of an advisory organization, specify org	
the discrete data as float all prior rate about an		
'Adjusted to reflect all prior rate changes. '*Change in Company's premium level wh	nich will result from application of new rates.	
	Wausau Ger	neral Insurance Company
	N	ame of Company
	Debra Rothmeyer	State Filings Analyst
		Official – Title

DIVISION OF INJURANCE STATE OF ILLINO'S/JOFPR

JAN 01 2006

Commonic LD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	evel produced by rate revision effective	1/1/2006
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$21,551,856	+6.3%
Line of Insurance		
	territories) or certain classes? If so, specify: rates of an advisory organization, specify organy deviation.	
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new rates.	veritora Ingurance Comment
		writers Insurance Company ame of Company
	Debra Rothmeyer	State Filings Analyst
		Official – Title



			DIVISION (1 JRANCE STATE CELLE JESTIDEPR
Form (RF-3)		SUMMAR	SHEET _{J/.in U} 1 2006
	Change in Company's premium or rate	level produced by rate revision ef	ective SPRINGINGIS
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		-
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	016.600.006	
15.	Other Workers' Compensation Line of Insurance	\$16,638,976	+6.0%
Does f	Tiling only apply to certain territory (ter	ritories) or certain classes? If so, s	pecify:
	description of filing. (If filing follows rall premium level change +6.0%	rates of an advisory organization, s	pecify organization):
	tfield Insurance Company #228-24112		
- 11 031		·	
	djusted to reflect all prior rate changes.		
	hange in Company's premium level wh sult from application of new rates.	ich will	

Westfield Insurance Co. Name of Company

Cassie VanValkenburgh Production Specialist Product Management Official - Title

DIVISION OF ANTICE STATE OF ILL AND FPR

JAN 0 + 2006 SUMMARY SHEET

Form (RF-3)

SPRINGFIELD, ILLINOIS

	Change in Company's premium or rate	level produced by rate revision effective	January 1, 2006
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger Commercial		
2.			
۷.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
3. 4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety	***************************************	
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation Line of Insurance	\$1,512,382	+7.4%
		ritories) or certain classes? If so, specify:	
N/A	·		
5 · 6	1		
		rates of an advisory organization, specify o	
		previously filed deviation of 1.25 from the	NCCI rates
wes	tfield National Insurance Company #22	20-2412U	
* A	directed to reflect all prior rate abances		

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Westfield National Insurance Co.
Name of Company

Cassie VanValkenburgh Production Specialist Product Management

Official - Title

ILLINOIS SUMMARY SHEET FORM RF-3

Change in company's premium or rate level pr	oduced by rate revision effective	2/1/2006
(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
Automobile Liability Private Passenger Commercial		
 Automobile Physical Damage Private Passenger Commercial 		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass	1	
6. Fidelay DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR		
7. Suret		
8. Boiler and Machinery 0 1 2006		
u u		
9. Fire 10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		<u> </u>
15. Workers' Compensation	11,805,777	1.3%
16. Other Line of Insurance		
Does filing only apply to certain territory (territory	ories) or certain classes? If so, s	specify No
Brief description of filing (if filing follows rates for rates to be effective 2/1/06	of an advisory organization, spec	cify organization) We are fi
* Adjusted to reflect all prior rate changes. ** Change in company's premium level which	h will result from application of ne	ew rates.
	Z	enith Insurance Company
		Name of Company
	Ja	son Clarke, Vice President
		Official - Title